

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:
Kindercare Cherry Hill			
Site Address	Building # and Street:	Municipality:	County:
of Center:	1815 Springdale Road	Cherry Hill	Camden
Sponsor/Sponsor Representative:		Phone Number:	Email:
Jenny Jijon-Wallace		(856)424-8874	jijonwallace@kindercare.com
CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER			
Sampling Date(s):		12/31/24	
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?	List of NJ Certified Laboratories: https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories
2.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?	Drinking Water Outlet Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx
3.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?	Example Floor Plan
4.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 12/31/24	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?	Types of Water Outlets: https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing
5.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 12/31/24	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?	Sampling Order Vignette
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?	Water Stagnation Vignette: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx
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?	Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf
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?	Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf
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?	Pre Stagnation Flushing Log: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx

13.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?	Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx
14.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 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 (1500 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 (1500 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 (1500 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 (1500 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 (1500 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 (1500 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?	Results Letter Template: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc
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)	Jenny Jijon-Wallace
Signature:	
Signature Date:	

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: Kindercare Cherry Hill		License ID:
Site Address (Building # and Street): 1815 Springdale Road		
Municipality: Cherry Hill	County: Camden	
Sponsor/Sponsor Representative: Jenny Jijon-Wallace		Phone #: (856) 424-8874
Sponsor/Sponsor Representative Email: jjijonwallace@kindercare.com		
Additional Contact Person: 		Phone #:
Title: 	Email: 	

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)	Jenny Jijon-Wallace
Signature:	
Signature Date:	

Attachment C – Drinking Water Outlet Inventory

(Complete for each school)

Name of School: Kindercare Cherry Hill

Address: 1815 Springdale Road, Cherry Hill, NJ, 08003

Grade Levels: Infant - Kindergarten Year School Constructed: _____ Renovated/Additions: _____

Individual school project officer Name/Signature: _____ Date Completed: 12/31/24

# ¹	Type	Location	Code	Oper ation al ² (Y/N)	Signs of Corrosio n ³ (Y/N)	Filter ⁴ (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerat or/ Scree n (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
1	Kitchen Sink	Kitchen	1 - KS	Y	N	N	Y	Y	N	N			
2	Hand Sink	Kitchen	2 - HS	Y	N	N	Y	Y	N	N			
3	Hand Sink	Pre- Kindergarten	PK - HS	Y	N	N	Y	Y	N	N			
4	Hand Sink	Learning Adventures	LA - HS	Y	N	N	Y	Y	N	N			
5	Hand Sink	Lobby	L -HS	Y	N	N	Y	Y	N	N			
6	Hand Sink	Infants	I - HS	Y	N	N	Y	Y	N	N			

¹ Number outlets starting at the closest outlet to the Point of Entry (POE).

² Document if permanently or temporarily out of service on the Attachment B- Plumbing Profile.

³ Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.

⁴ Document on Attachment D- Filter Inventory.

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax: 856-786-5974
EMSL-CIN-01

EMSL Order ID: 012506901
LIMS Reference ID: AD06901
EMSL Customer ID: MWWC36

Attention: Sarah Holle
McGowan Well Water Compliance Mgmt LLC [MWWC36]
1141 Greenwood Lake Turnpike Suite
401
Rutherford, NJ 07456-1402
(973) 962-4432
sarah@mcgowanllc.com

Project Name: Kindercare Cherry Hill

Customer PO:
EMSL Sales Rep: John LaFleur
Received: 01/15/2025 09:00
Reported: 01/23/2025 17:24

Analytical Results

Analyte	Result	Q	DF	RL	Units	Prepared Date/Time	Analyzed Date/Time	Analyst Initials	Prep /Analytical Method
Sample: 1KS Lims Reference ID: AD06901-01 Matrix: Drinking Water Sampled: 01/10/25 00:00:00									
Metals									
Copper	0.34		1	0.035	mg/L	01/22/25 08:12	01/22/25 15:51	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	0.00100	mg/L	01/22/25 08:12	01/22/25 15:51	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 2HS Lims Reference ID: AD06901-02 Matrix: Drinking Water Sampled: 01/10/25 00:00:00									
Metals									
Copper	0.41		1	0.035	mg/L	01/22/25 08:12	01/22/25 15:58	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	0.00147		1	0.00100	mg/L	01/22/25 08:12	01/22/25 15:58	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 3HS Lims Reference ID: AD06901-03 Matrix: Drinking Water Sampled: 01/10/25 00:00:00									
Metals									
Copper	0.28		1	0.035	mg/L	01/22/25 08:12	01/22/25 16:00	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	0.00100	mg/L	01/22/25 08:12	01/22/25 16:00	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 9HS Lims Reference ID: AD06901-04 Matrix: Drinking Water Sampled: 01/10/25 00:00:00									
Metals									
Copper	0.59		1	0.035	mg/L	01/22/25 08:12	01/22/25 16:07	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	0.00100	mg/L	01/22/25 08:12	01/22/25 16:07	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 5HS Lims Reference ID: AD06901-05 Matrix: Drinking Water Sampled: 01/10/25 00:00:00									
Metals									
Copper	0.46		1	0.035	mg/L	01/22/25 08:12	01/22/25 16:09	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	0.00100	mg/L	01/22/25 08:12	01/22/25 16:09	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 6HS Lims Reference ID: AD06901-06 Matrix: Drinking Water Sampled: 01/10/25 00:00:00									
Metals									
Copper	0.39		1	0.035	mg/L	01/22/25 08:12	01/22/25 16:11	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	0.00100	mg/L	01/22/25 08:12	01/22/25 16:11	JW1	EPA 200.8 (DA)/EPA 200.8

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax: 856-786-5974
EMSL-CIN-01

EMSL Order ID: 012506901**LIMS Reference ID:** AD06901**EMSL Customer ID:** MWWC36**Attention:** Sarah Holle

McGowan Well Water Compliance Mgmt LLC [MWWC36]
1141 Greenwood Lake Turnpike Suite
484
Ringwood, NJ 07456-1402
(973) 962-4432
sarah@mcgowanllc.com

Project Name:

Kindercare Cherry Hill

Customer PO:**EMSL Sales Rep:**

John LaFleur

Received:

01/15/2025 09:00

Reported:

01/23/2025 17:24

Certified Analyses included in this Report

Analyte	Certifications
<i>EPA 200.8 in Drinking Water</i>	
Copper	NJDEP
Lead	NJDEP

List of Certifications

Code	Description	Number	Expires
PADEP	Pennsylvania Department of Environmental Protection	68-00367	11/30/2025
NYSDOH	New York State Department of Health	10872	04/01/2025
NJDEP	New Jersey Department of Environmental Protection	03036	06/30/2025
MADEP	Massachusetts Department of Environmental Protection	M-NJ337	06/30/2025
CTDPH	Connecticut Department of Public Health	PH-0270	06/23/2026
California ELAP	California Water Boards	1877	06/30/2025
AIHA LAP	EMSL Analytical, Inc. Cinnaminson, NJ AIHA-LAP, LLC-ELLAP Accredited	100194	01/01/2025
A2LA	A2LA Environmental Certificate	2845.01	07/31/2026

Please see the specific Field of Testing (FOT) on www.emsl.com <<http://www.emsl.com>> for a complete listing of parameters for which EMSL is certified.

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax: 856-786-5974
EMSL-CIN-01

EMSL Order ID: 012506901**LIMS Reference ID:** AD06901**EMSL Customer ID:** MWWC36**Attention:** Sarah Holle

McGowan Well Water Compliance Mgmt LLC [MWWC36]
1141 Greenwood Lake Turnpike Suite
484
Ridgewood, NJ 07456-1402
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sarah@mcgowanllc.com

Project Name:

Kindercare Cherry Hill

Customer PO:**EMSL Sales Rep:**

John LaFleur

Received:

01/15/2025 09:00

Reported:

01/23/2025 17:24

Notes and Definitions

Item	Definition
(Dig)	For metals analysis, sample was digested.
[2C]	Reported from the second channel in dual column analysis.
DF	Dilution Factor
MDL	Method Detection Limit.
ND	Analyte was NOT DETECTED at or above the detection limit.
NR	Spike/Surrogate showed no recovery.
Q	Qualifier
RL	Reporting Limit
Wet	Sample is not dry weight corrected.

Measurement of uncertainty and any applicable definitions of method modifications are available upon request. Per EPA NLLAP policy, sample results are not blank corrected.

Owen McKenna Laboratory Manager or other approved signatory

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted.



Environmental Chemistry Chain of Custody
EMSL Order Number / Lab Use Only

EMSL Analytical, Inc.
200 Rt. 130 N
Cranford, NJ 07017

PHONE: (800) 229-3675
EMAIL: EnvChem@EMSL.com

Customer ID:	Billing ID:
Company Name: McGowan Water Compliance	Company Name: McGowan Water Compliance
Contact Name: Sarah Holle	Billing Contact: Andria Ferraiolo
Street Address: 1141 Greenwood Lake Turnpike Suite 4B4	Street Address: 1141 Greenwood Lake Turnpike Suite 4B4
City, State, Zip: Ringwood, NJ 07456	City, State, Zip: Ringwood, NJ 07456
Phone: 973 962 4432	Phone: 973 962 4432
Email(s) for Report: sarah@mcgowanllc.com	Email(s) for Invoice: andriaferraiolo@mcgowanllc.com

Project Name/No: Kindercare Cherry Hill	US State where samples collected:	State of Connecticut (CT) must select project location: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)
EMSL LIMS Project ID: If applicable, (EMSL v8.0 prefill)	State Reporting Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	State Reporting Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Samples for Compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, for NPDES? <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Specify) Daycare Licensing	Samples Collected by (Check One): <input type="checkbox"/> EMSL <input checked="" type="checkbox"/> CLIENT	Samples Received Chilled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sampled By Name: Jesse McGowan	Sampled By Signature:	No. of Samples in Shipment:

Turn-Around-Time (TAT)	Standard Turn-Around-Time: <input checked="" type="checkbox"/> 2 Weeks	The following TAT's are subject to Lab approval. Call lab to confirm TAT before submit:	<input type="checkbox"/> 1 Week <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Day				
Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed (Write in test below, then check on sample line)	Comments
1 KS		X	1/10/25 01:40	W=Water S=Soil A=Air SL=Sludge O=Other	1 HCL 2 HNO3 3 H2SO4 4 ICE 5 Other	PBCU 1st Draw	
2 HS		X	01:41	W	HNO3		
3 HS		X	1:42	W	HNO3		
4 HS		X	1:43	W	HNO3		

Reporting Requirements:	<input checked="" type="checkbox"/> Results Only	<input type="checkbox"/> Results and QC	<input type="checkbox"/> Reduced Deliverables	<input type="checkbox"/> Hazresults EDD	<input type="checkbox"/> Excel	<input type="checkbox"/> Other (Describe Above)
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Method of Shipment:	Sample Condition Upon Receipt:
Relinquished by: [Signature]	Received by: [Signature]
Date/Time: 1/10/25 9:05am	Date/Time: 1/14/25 9:07am
Relinquished by: [Signature]	Received by: [Signature]
Date/Time: 1/13/25 14:15	Date/Time: 1/14/25 14:15

EMSL Analytical, Inc. Laboratory Terms and Conditions apply to this Chain of Custody. (By checking, I consent to signing this Chain of Custody document by electronic signature.)
REL BY: Andria Ferraiolo 1/14/25 16:49
REC'D: Dawn Stapp EMSL courier
1-14-25 4:50pm
Re: DOPWS.

19.2°C | 19.3°C
A C

EMSL Order Number / Lab Use Only

4450 FN V

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EWALT, ENCKENBAY & EWALT CORP.

Special instructions and/or Regulatory Requirements (Gassing, Packaging, Processing Methods, Units of Measurement, etc.)

Chart Sample ID		Comp	Crab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed (write in text below, then check on sample line)
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