

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: STEPPING STONES LEARNING INSTITUTE		License ID: 180600037
Site Address (Building # and Street): 1015 FAIRMOUNT AVE.		
Municipality: TRENTON	County: MERCER	
Sponsor/Sponsor Representative: DEWISE PICERNO		Phone #: 609.393.6800
Sponsor/Sponsor Representative Email: STEPPINGSTONESROEDLING@VERIZON.NET		
Additional Contact Person: MARYANN DEFRANCESCO		Phone #: 609.656.7660
Title: OWNER / EXECUTIVE DIRECTOR	Email: STEPPINGSTONES719@VERIZON.NET	

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)	DEWISE PICERNO * MaryAnn DeFrancesco
Signature:	Dewise Picerno * [Signature]
Signature Date:	6/9/2021 * 10/15/2021

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: STEPPING STONES LEARN. INST.		License ID: 180600037	
Site Address of Center:	Building # and Street: 1015 FAIRMOUNT AVE	Municipality: TRENTON	County: MERCER
Sponsor/Sponsor Representative: DENISE PILEANO		Phone Number: 609.393.6800	Email: steppingstonesrocking@verizon.net

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: 5/30/21	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: 5/30/21	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 (.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?
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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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)	DENISE PICERNO
Signature:	<i>Denise Picerno</i>
Signature Date:	4/9/2021
<i>MaryAnn DeFrancesco</i>	

DRINKING WATER TESTING RESOURCES

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

Types of Water Outlets:

<https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing>

Water Stagnation Vignette:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx

Sample Collection Vignette:

<http://www.nj.gov/dep/watersupply/pdf/quickref.pdf>

Pre Stagnation Flushing Log:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.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>

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?
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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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)	DENISE PICERNO
Signature:	<i>Denise Picerno</i>
Signature Date:	6/15/2021

Mary Ann De Francesco

DRINKING WATER TESTING RESOURCES

List of NJ Certified Laboratories:

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

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Water Stagnation Vignette:

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Sample Collection Vignette:

<http://www.nj.gov/dep/watersupply/pdf/quickref.pdf>

Pre Stagnation Flushing Log:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx

Filter Inventory Form:

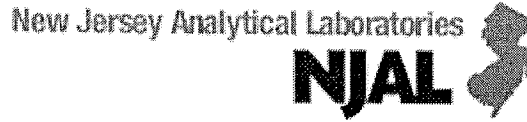
http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:

<http://www.nj.gov/dep/watersupply/doc/resultsletter.doc>



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 EPA NJ01186
 PADEP 68-05417
 NYDOH NY12046
 BWON Approved



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 Ewing, NJ 08628
 609-737-3477 (p)
www.njal.com

CERTIFICATE OF ANALYSIS

Project Name:	1015 Fairmount Ave	Workorder:	N096951
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Denise Pincerno
 Stepping Stones Learning Institute
 701 Roebling Ave
 Trenton, NJ 08611

Project Name and Number: **1015 Fairmount Ave**

June 08, 2021

Dear Denise Pincerno,

This report relates only to the sample(s) as received by the laboratory. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

The issuance of the final Certificate of Analysis takes precedence over any previous Preliminary Report. Caution is advised for the utilization of preliminary data included in reports labeled as "Preliminary Report" and should not be used for regulatory purposes. A laboratory signature is provided on final reports only.

If you have any questions in reference to this laboratory report, please contact your NJAL Environmental project coordinator or laboratory manager listed at the bottom of this report at (609)-737-3477

Note: This coverage is included as part of the Analytical Report and must be retained as a permanent record thereof.

Susan McGrady For George Latham,
 Technical Director

New Jersey Analytical Laboratories

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



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Stepping Stones Learning Institute
 701 Roebling Ave
 Trenton, NJ 08611

Project: 1015 Fairmount Ave
 Client Project Manager: Denise Pincerno

NJAL received the samples associated with this batch in compliance with NJDEP guidelines. The requested analysis methods and results are detailed in the following data summary report. Any exception to method procedures are listed in the comments section below or noted with qualification on the results summary pages. Sample collection performed by the individual indicated on the chain of custody, if not collected by a NJAL technician, then NJAL is not responsible for sample integrity prior to receipt at the lab as indicated on the chain of custody.

Comments by Project Manager:

Received: 05/20/21 15:06 by Vincent Dombay

<u>Cooler</u>	<u>Temp C°</u>
Default Cooler	20.7

<u>Laboratory ID</u>	<u>Sample Name</u>	<u>Sample Date</u>	<u>Sampled By</u>
N096951-01	Paula B.Room	05/20/21 08:08	Client
N096951-02	Cindy B.Room	05/20/21 08:10	Client
N096951-03	Ashley B.Room	05/20/21 08:12	Client
N096951-04	Shanayah B.Room	05/20/21 08:15	Client
N096951-05	Main B.Room	05/20/21 08:18	Client
N096951-06	Main Kitchen Sink	05/20/21 08:21	Client

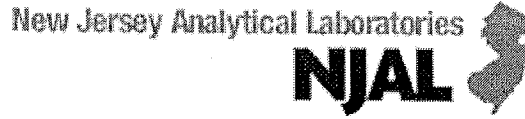
Additional Comments:

None-SM

Susan McGrady



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Total Metals

Date Received: 05/20/21 15:06

Sample ID#	Analysis	Method	Results	RL	Units	MCL	Sample Point	Sampled	Analyzed
N096951-01	Copper	EPA 200.8	62.3	10.0	ug/L	1300	Paula B.Room	05/20/21 08:08	06/02/21 16:29
N096951-02	Copper	EPA 200.8	59.3	10.0	ug/L	1300	Cindy B.Room	05/20/21 08:10	06/02/21 16:32
N096951-03	Copper	EPA 200.8	67.4	10.0	ug/L	1300	Ashley B.Room	05/20/21 08:12	06/02/21 16:34
N096951-04	Copper	EPA 200.8	57.6	10.0	ug/L	1300	Shanayah B.Room	05/20/21 08:15	06/02/21 16:37
N096951-05	Copper	EPA 200.8	63.0	10.0	ug/L	1300	Main B.Room	05/20/21 08:18	06/02/21 16:40
N096951-06	Copper	EPA 200.8	54.2	10.0	ug/L	1300	Main Kitchen Sink	05/20/21 08:21	06/02/21 16:42
Sample ID#	Analysis	Method	Results	RL	Units	MCL	Sample Point	Sampled	Analyzed
N096951-01	Lead	EPA 200.8	ND	0.5	ug/L	15	Paula B.Room	05/20/21 08:08	06/02/21 16:29
N096951-02	Lead	EPA 200.8	ND	0.5	ug/L	15	Cindy B.Room	05/20/21 08:10	06/02/21 16:32
N096951-03	Lead	EPA 200.8	ND	0.5	ug/L	15	Ashley B.Room	05/20/21 08:12	06/02/21 16:34
N096951-04	Lead	EPA 200.8	2.1	0.5	ug/L	15	Shanayah B.Room	05/20/21 08:15	06/02/21 16:37
N096951-05	Lead	EPA 200.8	ND	0.5	ug/L	15	Main B.Room	05/20/21 08:18	06/02/21 16:40
N096951-06	Lead	EPA 200.8	0.5	0.5	ug/L	15	Main Kitchen Sink	05/20/21 08:21	06/02/21 16:42

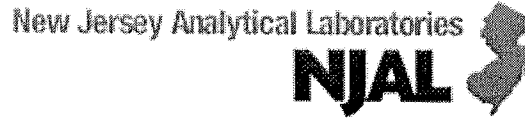
New Jersey Analytical Laboratories

Susan McBrady

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Notes and Definitions

U	Compound not detected
DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the Reporting Detection Limit (RDL)
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
<	Less than reporting limit
≤	Less than or equal to reporting limit
>	Greater than reporting limit
≥	Greater than or equal to reporting limit
MDL	Method Detection Limit
RDL	Reporting Detection Limit
MCL/AL	Maximum Contaminant Level/Action Level
mg/kg wet	Results reported as wet weight
TTLC	Total Threshold Limit Concentration
STLC	Soluble Threshold Limit Concentration
TCLP	Toxicity Characteristic Leachate Procedure

All work performed by New Jersey Analytical Laboratories LLC, is subject to our terms and conditions of services viewable at our office and our website: <http://www.njal.com/About-NJAL/Terms-and-Conditions.aspx>

New Jersey Analytical Laboratories

Susan McGrady

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