

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

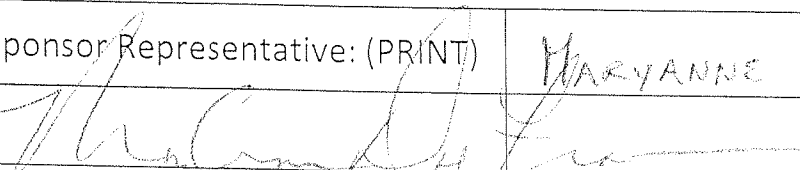
DRINKING WATER TESTING STATEMENT OF ASSURANCE

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

Name of Child Care Center: STEPPING STONES LEARNING INSTITUTE		License ID: 11STE0006
Site Address (Building # and Street): 118 1/2 SWAN ST TRENTON, NJ 08611		
Municipality: CITY OF TRENTON	County: MERCER	
Sponsor/Sponsor Representative: MARYANNE DEFRANCESCO		Phone #: 609-396-3045
Sponsor/Sponsor Representative Email:		
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)	MARYANNE DEFRANCESCO
Signature:	
Signature Date:	5/10/19

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

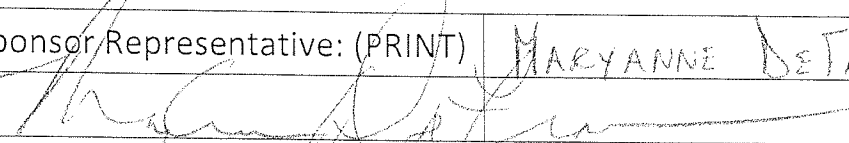
Name of Child Care Center: STEPPING STONES LEARNING INSTITUTE		License ID: 11STE0006	
Site Address of Center: 118 1/2 SWAN STREET	Building # and Street:	Municipality: CITY of TRENTON	County: MERCER
Sponsor/Sponsor Representative: MARYANNE DeFRANCESCO		Phone Number: 609-396-3045	Email: steppingstones719@verizon.net

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:	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:	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)	MARYANNE DEFRANCESCO
Signature:	
Signature Date:	5/10/19

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=v&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:

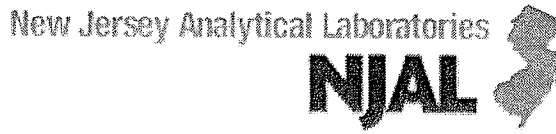
http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:

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



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 EPA NJ01186
 PADEP 68-05417
 NYDOH NY12046
 CTDPH PH-0143



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 Ewing, NJ 08628
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 609-737-3052 (f)
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CERTIFICATE OF ANALYSIS

NJ11005 / NY12046

Project Name:	118 1/2 Swan St	Workorder:	N075178
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Denise Pincerno
 Stepping Stones Learning Institute
 701 Roebling Ave
 Trenton, NJ 08611

Project Name and Number: 118 1/2 Swan St

April 16, 2019

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 project coordinator or laboratory manager listed at the bottom of this report at (609) 737-3477.

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


 Laboratory Manager

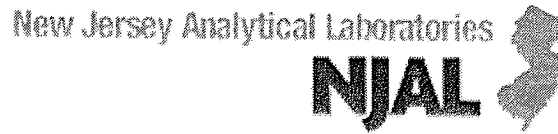
New Jersey Analytical Laboratories

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.


 Robert Hulit, Project Manager



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NARRATIVE

NJAL Lab Work Order # N075178
Stepping Stones Learning Institute - 1015 Fairmont Ave, Trenton NJ
NJAL Quote 18551 - N.J.A.C. 3A:52-5.3 (2017) - Lead & Copper

118 1/2 Swan Street Facility - 4/8/19 1st Draw Lead & Copper Testing

NJAL received the samples associated with this Chain of Custody in compliance with NJDEP guidelines.

The requested analysis methods and results are detailed in the following data summary report.

Sample collection was performed by the individual indicated on the chain of custody.

Any exception to method procedures are listed in the comments section below,
or See Data Flags, Notes & Definitions.

Comments:

Samples Collected by Customer.
Sample Containers Provided by NJAL.
Sample Pickup Service by NJAL Field Services.

MCL: Maximum Contaminant Limit for Lead 15.0 ug/L
MCL: Maximum Contaminant Limit for Copper 1300 ug/L

All Samples submitted tested below the MCLs for both Lead & Copper.
Results met the safe drinking water standard.

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Lab ID: N075178-01

Date Collected: 04/08/19 14:32

Matrix: Drinking Water

Sample ID: Anatasia's Kitchen

Date Received: 04/08/19 15:15

Total Metals

Analyte	Results	Flag	Units	MDL	RDL	Method	Analyzed	Prepared	MCL
Lead	1.0		ug/L	0.1	0.5	EPA 200.8	04/11/19 13:54	04/11/19	15
Copper	11.5		ug/L	0.993	10.0	EPA 200.8	04/11/19 13:54	04/11/19	1300

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Lab ID: N075178-02

Date Collected: 04/08/19 14:33

Matrix: Drinking Water

Sample ID: Girls B Room

Date Received: 04/08/19 15:15

Total Metals

Analyte	Results	Flag	Units	MDL	RDL	Method	Analyzed	Prepared	MCL
Lead	0.8		ug/L	0.1	0.5	EPA 200.8	04/11/19 13:57	04/11/19	15
Copper	ND	U	ug/L	0.993	10.0	EPA 200.8	04/11/19 13:57	04/11/19	1300

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Lab ID: N075178-03

Date Collected: 04/08/19 14:34

Matrix: Drinking Water

Sample ID: Boys B Room

Date Received: 04/08/19 15:15

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>MCL</u>
Lead	1.2		ug/L	0.1	0.5	EPA 200.8	04/11/19 13:59	04/11/19	15
Copper	ND	U	ug/L	0.993	10.0	EPA 200.8	04/11/19 13:59	04/11/19	1300

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Notes and Definitions

U	Compound not detected
U	Compound not detected
D	Sample required dilution due to matrix interference. Reporting limit elevated.
DET	Analyte DETECTED
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
TTLIC	Total Threshold Limit Concentration
STLC	Soluble Threshold Limit Concentration
TCLP	Toxicity Characteristic Leachate Procedure

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Robert Hulit, Project Manager

CHAIN OF CUSTODY

Client Name: Stepping Stones Learning Institute CONTACT NAME: Denise Picerno, Phone: 609-658-0975 811 to Address: Stepping Stones Learning Institute, 701 Roebling Ave. Trenton, NJ 08611 Report To: Stepping Stones Learning Institute 701 Roebling Ave. Trenton, NJ 08611 Attn: Denise Picerno, 609-658-0975, Email: SteppingStonesRoebling@Verizon.net Project Name & Address: Drinking Water, Child Care - Lead & Copper Quote # 18551 Facility Name & Address: 118 1/2 SNAW ST. TRENTON 08611 .. STEPPING STONES LEARN WST. TRENTON 08611		Collected By: Customer Name: _____ Signature: _____ Organization: _____ Turn-Around Time: Expedited 6 Business Day TAT					
PRESERVATIVE H2SO4 HNO3 Nitric Acid Caustic NaOH HCL Un-Preserved, Cool 4°C Other Sterile - Sodium Thiosulfate, 4°C		COMMENTS ANALYSIS REQUESTED ~~~~~ Lead & Copper 1st Draw (250 ml Plastic, UnPrev) // //					
Lab Use	Date	Time	Sample Identification	Grab	Comp.	Matrix	# Bottles
	4-8-19	2:32	1 ANATASIA'S KITCHEN	X		DW	1
	4-8-19	2:55	2 GIRLS B. ROOM	X			1
	4-8-19	2:34	3 BOYS B ROOM	X			1
Cooler Temp 22.9°C +CE 0.0 °C = 22.9 °C pH Verified Y <2 >10 N/A Aq. Pest, pH 5-9 Y N (N/A) pH Adjustment Y N (N/A) Chlorine Present Y N (N/A) VOA Headspace Y N (N/A)							
Client Bottle Pickup & Delivery.							
Turn Around Time : Results Due By: Date: Relinquished by: _____ Date: _____ Time: _____ Received By: _____ Matrix: DW = Drinking Water, WW = Wastewater, SL = Sludge, S=Soil, SW=Surface H2O, GW = Ground H2O, WST=Waste							
Relinquished by: Denise Picerno 4/8/19 5:00 PM Received by: Michelle Tomblaw 4/8/19 15:13 Sample Delivered to Lab by Customer [X] Samples Delivered to Lab by NJAL Field Services: [] Lab Use: _____ Samples Collected by Customer: [X] Samples Collected by NJAL Field Services: [] Lab Use: Iced: Y 10N Cooler Temp = 22.9 °C Initials: VP @ NJAL							

Pres w/ HNO3 @ 1615
 11 < 10 kwf