

### Day Care Home and Group Day Care Home Lead Testing Questionnaire

This questionnaire must be completed and returned to your licensing representative. Even if you care for only school-age children, or you know your home was constructed after January 1, 2000, you must complete and return this questionnaire.

Provider ID/License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**YES NO**

\_\_\_\_\_ **Does your license age range include children from Birth to 6 years?**

\_\_\_\_\_ **Was your home constructed on or before January 1, 2000?**

\_\_\_\_\_ **I understand that if the answer to both of the above questions is yes, I must submit results of water testing for lead.**

\_\_\_\_\_  
Mo. Day Year **On what date was your home constructed?**

**How did you verify the construction date of your home?**

\_\_\_\_\_ Title Search

\_\_\_\_\_ Checked Deed

\_\_\_\_\_ Asked Landlord or Building Owner

\_\_\_\_\_ (other): \_\_\_\_\_

**Return this questionnaire to your licensing representative.  
Please insure that testing, if required, is conducted by an IEPA-certified lab.**

## Day Care Center Lead Testing Questionnaire

This questionnaire must be completed and returned to your licensing representative. Even if you care for only school-age children, or you know your building was constructed after January 1, 2000, you must complete and return this questionnaire.

Provider ID/License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### YES NO

\_\_\_\_\_ Does your license age range include children from Birth to 6 years?

\_\_\_\_\_ Was your building constructed on or before January 1, 2000?

\_\_\_\_ \_ On what date was your building constructed (entire building,  
Mo. Day Year not remodeling or construction of just the portion that houses  
the child care program)?

### How did you verify the construction date of the building housing your center?

\_\_\_\_\_ Title Search

\_\_\_\_\_ Checked Deed

\_\_\_\_\_ Asked Landlord or Building Owner

\_\_\_\_\_ (other): \_\_\_\_\_

**Return this questionnaire to your licensing representative.**

**Please insure that testing, if required, is conducted by an IEPA-certified lab.**