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.

_____ _____ On what date was your home constructed?

Mo. Day Year

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, not remodeling or construction of just the portion that houses the child care program)?

Mo. Day Year

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.