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: ________________________________________________________________

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Does your license age range include children from Birth through 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. A list of office addresses is included in the packet.

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