

New Jersey Department of Health and Senior Services
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4923 Fax: 609-826-4981
Email address: iep.program@doh.state.nj.us

NJDHSS USE ONLY	
Tracking No.	Date Rec'd
<input type="checkbox"/> Check <input type="checkbox"/> MO No.: _____	
Logged In by:	

CHILD CARE CENTER – RENEWAL NOTIFICATION

Directions: *Before you complete this form, you must contact the N.J. Department of Health and Senior Services to ensure that this information is required to renew your license. The Department will provide guidance for your center to complete and submit this form. You must include a certified check or money order (no personal checks or cash) in the amount of \$1,500 made payable to "New Jersey Department of Health and Senior Services." When completing the form, please print clearly or type the information below.*

I. CHILD CARE FACILITY INFORMATION			
Facility Name		License Expiration Date	DCF License Number
Street Address		City	County
Contact Name		Title	Daytime Telephone
Mailing Address <input type="checkbox"/> Check if same as above		City	State Zip Code
Operator Name <input type="checkbox"/> Check if same as Contact Name			Daytime Telephone
Building Owner Name <input type="checkbox"/> Check if same as Contact Name			Daytime Telephone
Email Address			
II. INDOOR ENVIRONMENT CONDITIONS			
Prior Uses <input type="checkbox"/> Group B (Dry Cleaner or Nail Salon) <input type="checkbox"/> Group F (Factory/Industrial) <input type="checkbox"/> Group H (High Hazard) <input type="checkbox"/> Group M (Gas Station) <input type="checkbox"/> Group S (Storage) <input type="checkbox"/> Other (includes funeral homes or other prior use that may have suspected contamination) Describe:	Co-Located <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dry Cleaner <input type="checkbox"/> Nail Salon		Year of Building Construction
	Does your center have any current or previous indoor environmental conditions that required a NJDHSS clearance letter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, were you required to conduct remediation, additional sampling and/or continued monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Explain:		
Does your center currently comply with DCF requirements for: <input type="checkbox"/> Radon <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead-based Paint	Since your last renewal has a dry cleaner or nail salon moved in your building or structure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has indoor air monitoring been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach indoor air monitoring data)		
III. SIGNATURE			
Operator/Contact Name <i>(Please print legibly or type.)</i>		Title	
Signature		Date	