



Lead Testing in School and Child Care Program Drinking Water Grant Facility Survey

Thank you for taking the time to complete this survey. It will allow DHEC and regional municipal water professionals to better understand the layout of your facility. Should you have ANY questions or need assistance completing this document, please contact: Debra Boston, WIIN Grant Project Manager, DHEC 803.898.4214 or bostond@dhec.sc.gov

Date: _____ School/Day Care: _____ County: _____
Contact: _____ School District: _____

1. Age of school/daycare building? _____
2. Population of the school/daycare by age/grade? _____
3. How many water fountains are at the school/daycare? _____
4. Are you aware that EPA has a list of water coolers that could contain lead parts? Yes___ No___
5. Can you provide a layout/floor plan of the school/daycare? Yes___ No___
6. Are Bottled water or water coolers used? Yes___ No___
7. Is the water in the kitchen used for cooking/drinking? Yes___ No___
8. Is there a sink in the Nurse's station used for taking meds? Yes___ No___
9. Is there an aerator on the faucet? Yes___ No___
10. Is there a flushing program in place? Yes___ No___
11. Do kids brush their teeth at this school/daycare? (Federal Program) Yes___ No___
12. Is this school/daycare part of the blood testing for lead level program? Yes___ No___
13. Has there been any water testing at this school/daycare? Yes___ No___
14. If yes, what were the results? _____
15. Where are the areas of high water consumption by children? 1. _____
2. _____ 3. _____ 4. _____ 5. _____
16. From what water company does the school/daycare purchase water? _____

17. Where does the water enter the school/daycare? _____
18. Have you received any water complaints/problems? Yes___ No___
19. Does the school/daycare perform operation and maintenance on the infrastructure? Yes___ No___
20. Check all that apply to your plumbing/piping system: copper___ metal___ PVC___ flex___ other___
filters___ water heater___ Don't know___
 - a. (If filters are used) Who is the supplier? _____
 - b. (If filters are used) For what purpose (examples: lead, iron, taste)? _____
 - c. (If filters are used) Are they replaced according to schedule? Yes___ No___
21. What is the usual parents and staff communication plan? _____

22. Identify classrooms, play areas and water consumption areas of the youngest children.
 1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____
23. Are there any tanks in the plumbing system? Yes___ No___ Don't Know___

Please return completed survey to:
Debra Boston, 2600 Bull Street, Columbia, SC 29201
Forms can be faxed to: 803.898.3795