Payment Directions for Child Care Centers who require a Dept. of Health Safe Building Interior Certification in order to renew their Department of Children and Families’ License

Online payment alone is not sufficient for our review process to begin. The original, signed forms and any required attachments and/or documentation must be mailed to this office with the proof of online payment attached. Your submission will not be valid until the required forms and documentation have been received by this office. Please contact your NJ Department of Health inspector if you have any questions regarding what is required.

To begin go to this page and then follow the steps below: [www.nj.gov/health/ceohs/environmental-occupational/child-care-edu/](http://www.nj.gov/health/ceohs/environmental-occupational/child-care-edu/)

**Step 1.**

Click this link [Submit Payments](#)
Step 2.

Environmental and Occupational Health Assessment Program Application Payments

Paying for a license, registration, certificate, permit or penalty via e-check or credit card:

Directions: Click on the type of certification you wish to pay for from the selections below. Once you have submitted payment, you must complete and submit the required form and (if applicable) supporting documentation before our review process can begin.

Trade or Individual Name: Enter the name of the lead certification applicant, training agency or child care center that the payment is for.

Pertinent Number: This is your license/permit number.

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When you are finished paying:

Print the payment confirmation page or the confirmation e-mail you received as proof of payment. Attach this printout to your application form. No submission will be processed without proof of payment.

Please note that the application fees listed below are non-refundable.

<table>
<thead>
<tr>
<th>New Jersey Trained Individual Lead Applications</th>
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</thead>
<tbody>
<tr>
<td>Lead Reciprocity Application</td>
</tr>
<tr>
<td>Lost or Damaged Lead Permit</td>
</tr>
<tr>
<td>Lead Training Agency Certification – Initial Applications</td>
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<tr>
<td>Lead Training Agency Certification - Renewal Applications</td>
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<tr>
<td>Asbestos Training Agency Certification - Initial Applications</td>
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<tr>
<td>Asbestos Training Agency Certification - Renewal Applications</td>
</tr>
<tr>
<td>Certified Indoor Environmental Consultant Applications</td>
</tr>
<tr>
<td>Child Care Center Safe Building Interior Certification Submissions</td>
</tr>
</tbody>
</table>

Click on this line
Step 3.

Click on Submit Payment

- **New Child Care Centers (not currently licensed by the Department of Children and Families)**
  - Fee: $1,500
  - Forms CEHS-1 through CEHS-8: This is called an Indoor Environmental Health Assessment (IEHA)
    - Important: The above forms must be completed by a NJ Department of Health (NJ DOH)-licensed Indoor Environmental Consultant. The NJ DOH fee is separate from the fee the child care center pays the consultant to do an IEHA.
    - Submit Payment

- **Child Care Centers Renewing Department of Children and Families License**
  - Fee: This fee varies. You must contact the NJ Department of Health at 609-826-4923 to determine what your fee will be. If inadequate payment is submitted, the child care center will be required to pay the balance of the fee before a Safe Building Interior Certification can be issued.
    - Form CEHS-15
    - Submit Payment
    - Directions [pdf 415k]
Step 4. Complete all fields indicated with an *.

**Payer Application**

**Application Name:** Indoor Environmental Health Assessment (IEHA) in Child Care Centers - Renewal Submissions

<table>
<thead>
<tr>
<th>Individual Or Business Entity Information</th>
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</thead>
<tbody>
<tr>
<td>* Trade or Individual Name (If applicable):</td>
</tr>
<tr>
<td>* Physical Address (Trade or Home):</td>
</tr>
<tr>
<td>* City:</td>
</tr>
<tr>
<td>* Phone Number:</td>
</tr>
</tbody>
</table>

**Responsible Party Information**

| * Last Name: | * First Name: |

**Application Type Information**

- License/Permit/Certificate
- New Registration
- Renewal

**Pertinent Number (may be required for some applications)**

| Number: | Expiration Date (mm/dd/yyyy): | Fee Amount: |

**Payment Information**

- Select the type of service
  - Electronic Check Payment
  - Credit Card Payment
- Amount: $0

After you select “Continue” you will be asked to provide the pertinent account information. Once you submit it, you will be e-mailed a payment confirmation. Please provide a copy of that confirmation to the DOH and keep a copy for your records.