



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

Environmental Health Section

2025-26 ANNUAL REPORT

Mission Statement

The mission of the Environmental Health Section is to protect the public by promoting a safe and healthy environment in partnership with private businesses and public agencies through consistent application of education, best practices and compliance monitoring.

The Environmental Health Section is comprised of the Food Protection and Facilities Branch, Children's Environmental Health Branch, Onsite Water Protection Branch, and the Training and Authorization Program.

Executive Summary

The 2025–26 fiscal year marked continued, though more measured, progress for the Environmental Health Section in protecting public health through regulatory oversight, education and collaboration with local health departments and industry partners. Highlights of this progress include:

- The **Food Protection and Facilities Branch** again oversaw the largest number of permitted food establishments in state history, though growth has slowed.
- The **Swimming Pool, Institution and Tattoo Program** saw permit suspensions and intents to suspend rise across swimming pools, a trend that has now continued for a second consecutive year.
- The **Training and Authorization Program** saw a reversal of the prior year's decline in Centralized Intern Training (CIT) enrollment for the Food, Lodging and Institution and Onsite Wastewater Protection modules.
- The **Onsite Water Protection Branch** continued its multi-year effort to modernize data collection and reporting through the Division of Public Health Data Modernization Team's Data Portal initiative.
- The **Children's Environmental Health Branch** continued statewide mitigation efforts for lead in water and lead-based paint/asbestos in public schools and child care centers, with the ARPA-funded programs approaching their extended conclusion date.
- The **Health Hazards Control Unit** saw a modest decline in asbestos permitting, while lead renovator certifications remained well above FY22 levels despite declining in FY26.

Collectively, these outcomes reflect the Section's continued adaptability and commitment to data-driven decision-making, while also surfacing several trends that merit continued monitoring.

Environmental Health Data: Why Does It Matter?

By Jon Fowlkes

Data...why is it important? Why do we care if we have sufficient data in Environmental Health programs? Does data really have an impact on public health or the citizens of North Carolina?

Data has been the Achilles' heel for Environmental Health for as long as we can remember. Food Protection has relied upon a legacy system for many years without significant upgrades. As a result of these obsolete and fragmented databases, Environmental Health has often struggled to tell its story. Our ability to demonstrate the scope of Environmental Health work, the risks it addresses, and, most importantly, its impact on the health and well-being of North Carolina's citizens is critical to the preservation of the work we do to protect the citizens we serve.

Environmental Health is public health. The work is often invisible when it is done well. Data allows us to see that work.

The 2023 Environmental Health Annual Report specifically recognized a decline in monthly activity-report data from local health departments and noted that this limited the state's ability to understand on-site wastewater trends at a time when the program was receiving increased attention. That is more than a data-management problem. It is a public health problem.

Transitioning to the 21st Century

Thanks to the North Carolina Department of Health and Human Services, Division of Public Health's new initiative to create a "data lake" to provide important data to the citizens of our state, Environmental Health is actively moving forward to tell our story. Our Division has put together databases for Food Protection & Facilities and On-Site Water Protection that include amazing dashboards that anyone can access.

When Environmental Health data are accurate, timely, standardized, accessible, and connected across programs, we can begin to see the larger picture. Ultimately, data gives Environmental Health a voice. It allows us to demonstrate that prevention matters. It allows us to show the scale and complexity of the work performed by Environmental Health professionals across North Carolina. It helps policymakers understand where investments are needed. It gives local health departments information they can use to prioritize their work, and it provides communities with greater transparency about the environmental conditions that may affect their health.

Most importantly, good data helps us move from reacting to problems to preventing them.

For Environmental Health, modernizing data is not simply a technology project. It is an investment in public health.

Food Establishment Inspections

The food establishment industry in North Carolina continued to grow in FY26, with 50,422 permitted establishments, which is the largest number ever permitted in the state. However, the rate of growth moderated to approximately 1.9%, the lowest annual growth rate seen in the six-year window FY 21 – FY 26.

	FY21	FY22	FY23	FY24	FY25	FY26
Establishments	45,038	46,124	47,303	48,302	49,470	50,422
Inspections	71,126	79,763	90,763	83,871	86,388	87,082
Reinspections	429	537	667	655	514	503
Intent to Suspend Permit	827	715	1275	1526	1710	2496
Permit Suspensions	556	577	1008	1197	1771	2209
Plans Reviewed	1040	844	811	927	903	893

The number of inspections rose modestly to 87,082, an increase of 0.8% over FY25. This was a smaller increase than the 3% rise seen from FY24 to FY25, and consistent with a workload that has largely stabilized in the two years since the Category IV inspection frequency change

took effect. Looking at inspections relative to the number of establishments regulated, the average number of mandated inspections per establishment was essentially flat at 1.73 in FY26 compared with 1.75 in FY25, both well below the FY23 peak of 1.92 that preceded the rule change. Reinspections (503) continued a gradual decline, down 2.1% from FY25 and down 24.4% from the FY23 peak of 667. Expressed as a share of total inspections, the reinspection rate fell to 0.58% in FY26.

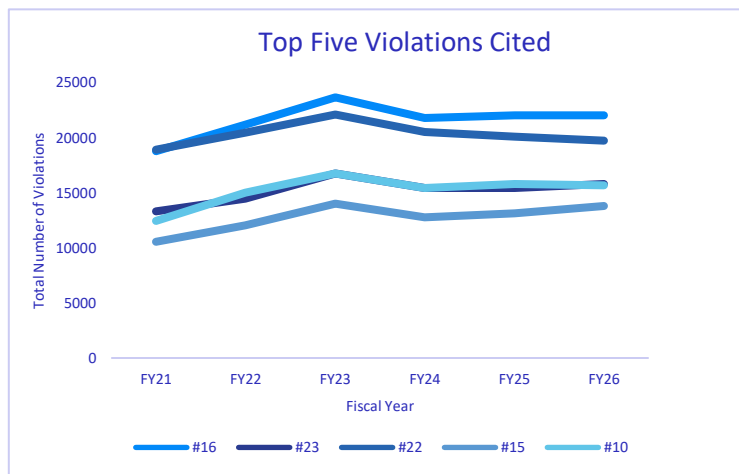
The total number of regulatory inspections/visits per establishment was 1.98 in FY26, a slight decrease from 2.00 in FY25, but still above the levels seen before the Session Law 2023-137 change to Category IV inspection frequency. This suggests that inspectors are visiting establishments more frequently, a trend that may warrant continued monitoring in the coming years. Educational visits overall rose slightly to 12,385 (+0.6%) and continued to represent a stable share of total regulatory contacts (14.2% of the combined inspection-and-visit total). Growth was concentrated in restaurants (+1.9%, the largest category by volume) and catered elderly nutrition sites (+7.3%), while public school lunchrooms (-5.2%), private school lunchrooms (-6.4%) and commissaries (-17.6%) saw declines.

Establishment Type	Educational Visits (FY26)
Restaurants	9,152
Public School Lunchrooms	1,289
Food Stands	866
Institutional Food Service	525
Mobile Food Units	160
Catered Elderly Nutrition Sites	162
Private School Lunchrooms	102
Educational Food Service	78
Meat Markets	23
Commissaries	14
Elderly Nutrition Sites (with prep)	14
TOTAL	12,385

FOOD PROTECTION AND FACILITIES BRANCH

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Inspection Compliance

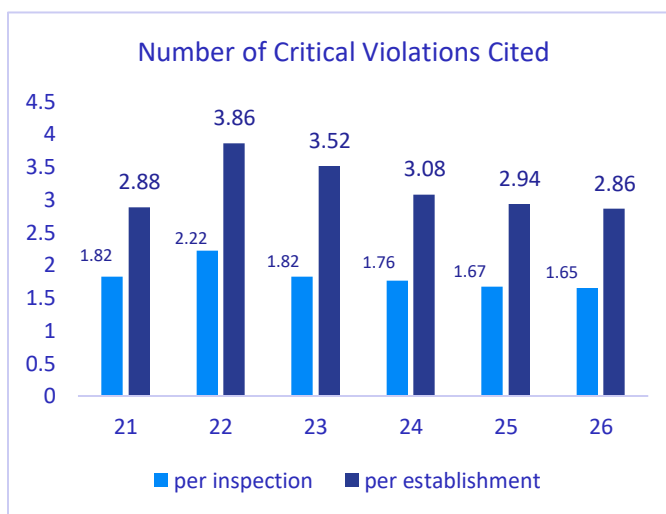


Permit suspensions and intents to suspend both continued to climb sharply in FY26. Permit suspensions rose to 2,209, an increase of 24.7% over FY25 (1,771). This is a third consecutive year of increase, but a slower rate than the nearly 48% jump seen from FY24 to FY25. Intents to suspend permits rose even more sharply, to 2,496, an increase of 46% over FY25.

When looking at the most cited critical violations, there was little change over

the previous year. Cleaning and sanitizing of food contact surfaces remained the most-cited violation (22,004 citations), essentially flat versus FY25 (22,018). Proper date marking rose 2.1% to 15,778, overtaking handwashing sink supply and accessibility (15,679, down 0.9%) for third place. Food separated and protected saw the largest percentage increase among the top five, up 4.9% to 13,781. Combined, the top five citations rose slightly overall, by 0.6%, to 86,979.

The longer-term decline in violations per inspection and per establishment continued in FY26, though at a slower pace than in prior years. Violations per inspection fell to 1.65 (down 1.2% from 1.67% in FY25), and violations per establishment fell to 2.86% (down 2.7% from 2.94% in FY25). Both measures have now declined for four consecutive years since peaking in FY22 (2.22% and 3.86%, respectively), with a cumulative decline of roughly 26% from that peak in both metrics — but the pace has slowed sharply, from double-digit annual declines in FY23 and FY24 to just 1% – 3% this year, suggesting compliance rates may be leveling off near a sustainable baseline rather than continuing to fall as quickly as in past years.



Swimming Pool, Institution and Tattoo Program

In FY26, North Carolina recorded a combined 11,316 permitted aquatic facilities: 9,307 swimming pools, 1,096 wading pools, and 913 spas. A total of 10,714 inspections were conducted across all three facility types (9,211 at swimming pools, 736 at wading pools, and

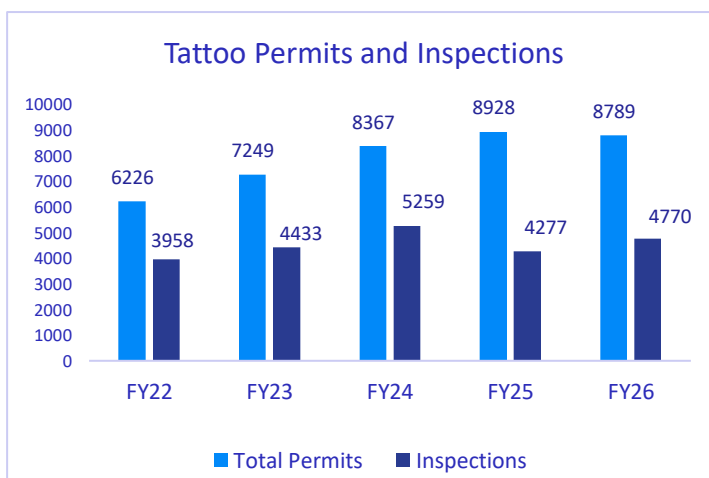
	Swimming Pool	Wading Pool	Spa
Total Establishments	9307	1096	913
Inspections	9211	736	767
Reinspections	296	12	14
Intent to Suspend Permit	894	11	114
Permit Suspensions	1160	30	119

767 at spas). The number of permitted swimming pools grew to 9,307 in FY26, up 2.65% from 9,067 in FY25. The permit suspension rate for swimming pools eased slightly to 12.46% percent in FY26,

down 0.34% from FY25's 12.8%. This suggests the swimming pool suspension rates may be leveling off, even as the number of permitted pools continues to grow.

Intents to suspend permits, which fell nearly 6% from 757 in FY24 to 714 in FY25, jumped sharply to 894 in FY26. This was an increase of 25.2%. When combined with permit suspension rates, this points to a growing volume of compliance interventions being initiated at swimming pools in FY26.

The Swimming Pool, Institution and Tattoo Program also oversees tattoo permitting throughout North Carolina. These regulations are important for protecting against potential bloodborne disease and ensuring that tattoo work environments are maintained in a clean and sanitary manner. For the first time in the last five years, the number of tattoo permits decreased compared to the previous year. This may indicate a leveling off in the number of tattoo artists that want to work in North Carolina. Local health departments also can complete inspections outside of the permitting visit, although these inspections do not count toward compliance percentages for local health departments. The number of inspections saw an increase, from 4,277 in FY 25 to 4,770 in FY 26, even though the number of artists decreased. Because this pattern has not occurred in previous years, it should be monitored to determine whether it continues or whether FY26 was an isolated occurrence.



Training and Authorization Program

Total authorizations issued by Environmental Health Regional Specialists fell to 470 in FY26, a decrease of 17.7% from FY25's 571 and 16.8% from FY24's 565. This ends two consecutive years of elevated authorization activity: FY24 and FY25 had each run well above the FY21–FY23 average of 420 authorizations, a surge attributed in last year's report to improved hiring and

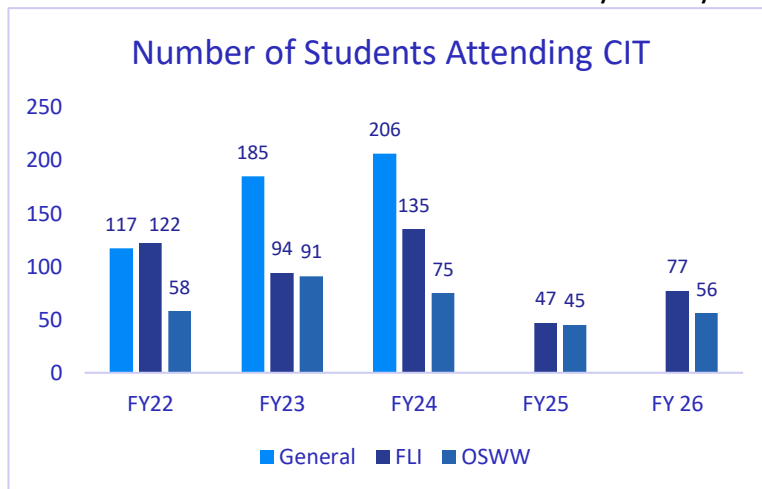
	FY21	FY22	FY23	FY24	FY25	FY26
Child Care and Schools	45	52	43	71	65	66
Childhood Lead Prevention	18	37	32	35	36	35
Food, Lodging & Institutions (FLI)	78	62	80	109	93	65
Onsite Wastewater (OSWW)	61	62	77	80	91	73
Public Swimming Pools	60	50	79	108	77	80
Tattoo	37	93	70	89	93	67
Private Well	44	111	71	73	116	84

staffing within local health departments following the pandemic. Though FY26's total is a sharp year-over-year decline, is still 11.9% above that earlier three-year baseline. This suggests that the decline seen in

authorizations could be a return to average levels and may not be the start of a long-term decline, though it bears watching in FY27.

The decline was not evenly distributed across program areas. Food, Lodging & Institutions (FLI) authorizations fell the most in absolute terms, from 93 to 65 (down 30.1%), followed by Tattoo (93 to 67, down 28%), Private Well (116 to 84, down 27.6%) and Onsite Wastewater (OSWW) (91 to 73, down 19.8%). Two program areas bucked the trend: Public Swimming Pools rose from 77 to 80 (up 3.9%), which is a reversal of the significant decrease seen between FY 24 and FY25. Child Care and Schools and Childhood Lead Prevention both held essentially steady.

The decline in authorizations is also noteworthy when considered with the Centralized Intern Training (CIT) attendance. In FY25, the number of students attending CIT in both the FLI and OSWW modules dropped sharply to 47 and 45 students, respectively. Since CIT must be completed prior to authorizations, fewer authorizations would be expected if fewer interns have completed the trainings. CIT enrollment rebounded in FY26 (FLI to 77, OSWW to 56), which, if the lag pattern holds, would point toward a recovery in FLI and OSWW authorizations in FY27.



Onsite Water Protection

Reliable and accessible data has historically been one of the greatest challenges for the Onsite Water Protection Branch. Data has been one of our greatest deficiencies at the state level. The Branch has continued to seek solutions to improve the accuracy, consistency, and accessibility of onsite wastewater and private well data reported across North Carolina. This builds upon previous efforts to improve Monthly Activity Report (MAR) participation and address the limitations associated with manually reported data.

During 2025–26, the Branch made significant progress toward addressing this longstanding challenge through its partnership with the Division of Public Health Data Modernization Team. DPH is developing an integrated Public Health Data Lake and Data Portal designed to improve data quality, reduce manual data entry and administrative burden, and make public health information more accessible and useful to state and local programs, researchers, public health partners, and the public.

As part of this initiative, historical Onsite Water Protection data is being migrated from legacy Microsoft Access databases into a modern, cloud-based environment. The new system will also modernize the Monthly Activity Report process. Rather than Local Health Departments submitting individual spreadsheets to the Branch, authorized users will be able to submit MAR information directly through the DPH Data Portal.

The new system is expected to provide several significant improvements, including:

- direct online submission of MAR and project plan data;
- migration of the existing onsite wastewater database from Microsoft Access to a cloud-based platform;
- interactive dashboards displaying state, regional, and county-level information;
- filtering capabilities that allow users to analyze specific programs, activities, locations, and time periods;
- export of information for additional analysis and reporting; and
- improved access to historical and current onsite wastewater and private well information.

The Onsite Wastewater Program Data Catalog includes information on septic system permitting, installations, repairs, malfunctions, private well activities, and underground injection control systems. Once fully implemented, the new platform will provide substantially greater opportunities to evaluate permitting trends, identify system failures and their causes, assess program workloads, evaluate changes over time, and better understand onsite wastewater and private well activities across North Carolina.

The Branch is particularly optimistic about the long-term value of this effort. The goal is not only to collect more data, but to make the information meaningful and usable. State programs, local health departments, policymakers, researchers, and other partners should ultimately be able to use these data to identify trends, evaluate program needs, support resource decisions, and better understand environmental health conditions at both the local and statewide levels. This directly supports the Environmental Health Section's broader commitment to data-driven decision-making identified in the previous annual report.

County Transition and Support

The Branch is also working to ensure that LHDs are supported as they transition to the new reporting system. Support includes live virtual training, presentations at district and other outreach meetings, written user guidance, recorded training opportunities, and direct technical assistance. User Acceptance Testing was conducted in June to identify issues and improve the system prior to broader implementation.

Historical MAR data migration also remains underway. Due to current technical and system-access issues associated with the transition, the Branch was unable to reliably access and validate its complete 2025 MAR reports for inclusion in this annual report. Rather than presenting potentially incomplete data, the Branch will continue working with the Data Modernization Team to validate historical information as it is migrated into the new system.

The previous annual report noted that Branch data relied heavily on manually submitted reports from local health departments, and that reporting remained incomplete despite improvement from 2023 to 2024. The new Data Portal represents an important step toward resolving those longstanding limitations and establishing a more reliable statewide source of onsite wastewater and private well data.

HEALTH HAZARDS CONTROL UNIT (HHCU)

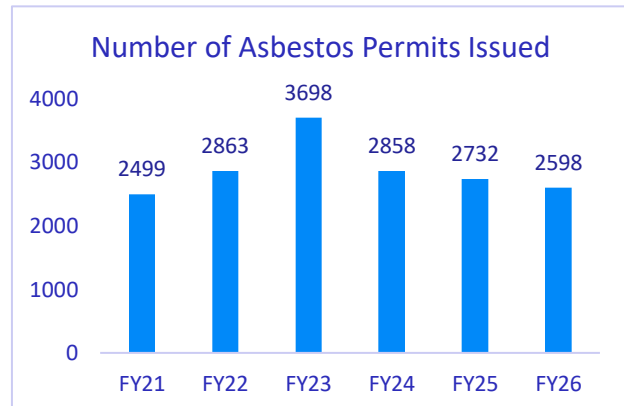
Lead and Asbestos Programs

Lead certifications have grown substantially since FY22, though the pace of that growth has changed shape. Certifications rose sharply between FY22 and FY24, but certification growth has slowed in recent years. Over the full five-year window, certifications have grown a cumulative 78.7%, but the shift from double-digit annual growth to low single digits suggests the certified workforce may be approaching a more mature, stable size after several years of rapid expansion. Lead abatement firms, by contrast, show no clear directional trend, fluctuating within a relatively narrow band of 70 to 85 firms over the five-year period.

	FY22	FY23	FY24	FY25	FY26
Lead Certifications	202	270	343	350	361
Lead Abatement Firms	76	71	85	70	76
Renovators	459	513	571	787	707
Renovation Firms	992	947	949	1,039	1,041

Certified renovators followed a more dramatic path: steady growth from FY22 through FY24 gave way to a sharp 37.8% spike in FY25, followed by a 10.2% decline in FY26. Even after that pullback, FY26's renovator count remains 54% above FY22's level. Renovation firm registrations, meanwhile, have been comparatively stable throughout.

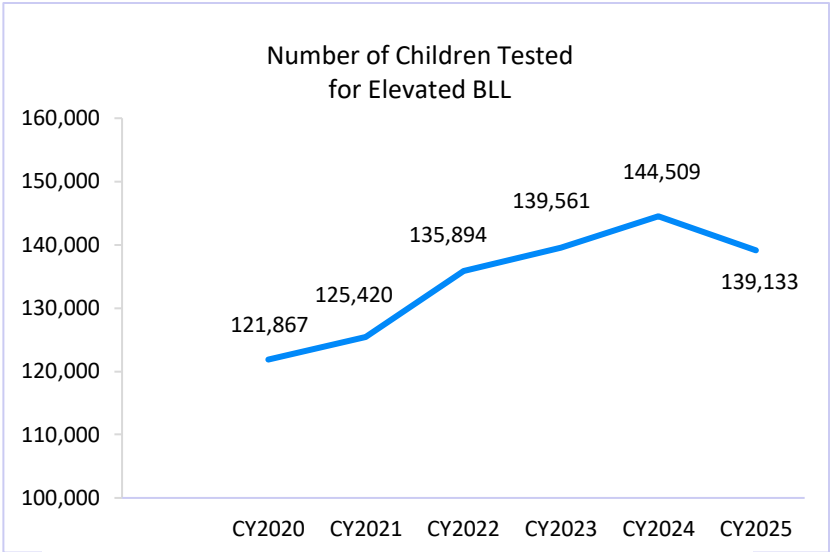
Asbestos permitting shows the most volatility of any measure in this section. Permits rose sharply through the post-pandemic period before falling just as sharply, down 22.7% in FY24, and continuing to decline more gradually in FY25 (-4.4%) and FY26 (-4.9%, to 2,598). Notably, despite this dramatic rise and fall, FY26's permit total is only 4% above where the program started in FY21 (2,499), indicating the intervening years were largely a temporary post-pandemic surge and correction rather than a lasting shift in the underlying volume of asbestos-related work. Taken together, the HHCU's FY26 numbers point to a licensing and certification landscape that expanded rapidly in the years immediately following the pandemic and has since been settling into a steadier, more predictable pattern.



Childhood Blood Lead Surveillance

Children in North Carolina are tested for potential elevated blood lead levels (BLL). Confirmation of elevated BLL is based on a child receiving two consecutive blood lead test results $\geq 5 \mu\text{g/dL}$ within a 12-month period. Confirmed elevated BLL are based on the confirmation date and are classified according to the highest level confirmed during the calendar year.

The number of children ages one and two tested for elevated BLL decreased slightly in 2025 compared to 2024 but remained above the unusually low 2020 total. The low numbers in 2020 can be attributed to the COVID-19 pandemic's reduction in routine medical visits and a recall of point-of-care LeadCare II blood lead analyzer test kits.



NOTE: The numbers reported for North Carolina Childhood Blood Lead Surveillance Data in this chart and table may vary somewhat from previous reports due to ongoing improvements in data quality and receipt of previously unreported test results from laboratories.

	CY2020	CY2021	CY2022	CY2023	CY2024	CY2025
Number of Children Tested	121,867	125,420	135,894	139,561	144,509	139,133
Number with BLL $\geq 5 \mu\text{g/dL}$	1,213	1,206	1,511	1,375	1,557	1,455
Percent BLL $\geq 5 \mu\text{g/dL}$	1.00%	0.96%	1.11%	0.99%	1.08%	1.05%

Distribution of LeadCare II blood lead analyzer test kits did not resume until the week of February 14 in 2022. In 2025, the number of children tested increased 14% from 2020 and 2% from 2022, surpassing the number of children tested pre-COVID-19. The overall percentage of children with an elevated BLL has remained around 1% over the past four years. Both the number of children tested and the number of children with an elevated BLL have continued the trend expected since 2020.

Lead and Asbestos Mitigation in Schools and Child Care

In May 2023, two programs (lead in water, and lead-based paint/asbestos) were launched with \$150 million appropriated from the American Rescue Plan Act (ARPA)/State Fiscal Recovery Funds (SFRF). The programs allowed Children's Environmental Health (CEH) and interagency partners to test for lead in water used for drinking and food preparation at every public school and to inspect every public school and licensed child care facility for lead-based paint and asbestos. Funding was also provided to mitigate any hazards identified. Water mitigation is provided through [Clean Classrooms for Carolina Kids](#), and lead-based paint/asbestos mitigation is provided through private sector professionals and reimbursed through the [ARPA Asbestos and Lead-Based Paint Reimbursement program](#). The effort involves over 8,000 facilities, all 100 counties, countless environmental health and school staff, and impacts over 200,000 students and staff who attend those facilities.

Program activities were originally slated to conclude by December 31, 2026, but the funding has been extended until the end of June 2027. With less than a year to go, we remain committed to two goals of the program: (1) testing every child care facility and school for lead in water hazards and remediating identified hazards, and (2) inspecting every child care facility and school for lead-based paint/asbestos hazards and reimbursing eligible remediation expenses.

At the end of the first 37 months of the program (May 2023-June 2026), 80% or more of facilities have completed enrollment in at least one of the programs. All lead in water hazards identified have been or are in the process of being remediated with a faucet or fixture replacement. Facilities have been reimbursed more than \$4.3 million for lead-based paint and asbestos remediation, with millions more remaining through the reimbursement process.

For the **lead in water program**, over 4,600 child care facilities and 2,179 schools enrolled by the end of June 2026. Most child care facilities tested (89%) had a maximum lead level of less than 10 parts per billion (ppb), which is the state action level. The remaining 11% had maximum lead levels that exceeded 10 ppb, requiring mitigation such as replacing faucet fixtures. Most schools tested (79%) had a maximum lead level of less than 10 ppb; the remaining 21% had maximum lead levels that exceeded 10 ppb.

For the **lead-based paint program**, 4,518 child care facilities and 2,011 schools completed enrollment by end of June 2026. Most child care facilities (68%) were exempt due to building age after 1978, 1% were exempt due to a prior risk assessment, and 24% had no hazards identified, leaving 7% with hazards identified. Similarly, most schools (71%) were exempt due to building age and 13% had no hazard identified, leaving 16% with hazards identified.

For the **asbestos program**, 4,371 child care facilities and 1,989 schools completed enrollment by end of June 2026. Most child care facilities (57%) were exempt due to building age and 40% had no hazards identified, leaving just 3% with hazards identified. Similarly, most schools (59%) were exempt due to building age, 33% exempted due to a prior assessment and 6% had no hazards identified, leaving 2% with hazards identified.

Conclusion

The 2025–26 fiscal year reflects the Environmental Health Section's ongoing commitment to protecting the public through prevention-focused programs, regulatory enforcement and strategic partnerships. Unlike the past several years, which saw the disruptions of pandemic recovery followed by Hurricane Helene's impact on western North Carolina, FY26 was a year of stabilization across many of the Section's programs, even as demand for its services continued to grow. Food establishment growth slowed to its lowest pace in six years, the multi-year decline in violations per inspection continued at a much slower rate, and HHCU certification and permitting activity settled after several years of rapid expansion and post-pandemic swings.

Not every trend pointed toward stability, however. Permit suspensions and intents to suspend continued to climb in food establishments and swimming pools, swimming pools and spas showed meaningfully higher compliance intervention rates than wading pools, and tattoo inspection coverage remains an area to watch. These trends merit continued attention independent of any single external event, and the Section will continue monitoring them while sustaining its core mission of protecting the health of North Carolina residents statewide.

Environmental Health Section Leadership

Larry Michael, State Environmental Health Director

Jon Fowlkes, Deputy Environmental Health Director

Shane Smith, Food Protection and Facilities Branch Head

Ed Norman, Children's Environmental Health Branch Head

Wilson Mize, Onsite Water Protection Branch Head



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