

Children's Environmental Health 2026

Winter
Virtual Educational Meeting

February 12, 2026



**NCDHHS****Environmental Health
Section****Environmental Health****Emergency Preparedness and
Response****Food Protection and Facilities
Branch****Children's Environmental
Health****Centralized Intern Training &
Authorization****Health Hazards Control Unit
[Asbestos & Lead-Based
Paint]****On-Site Water Protection
Branch****Topics A-Z****Contacts****Quick Links**[Environmental Health Staff by
County](#) **Updated 2025**[Regional Staff Territories \(PDF, 223
KB\)](#) **Updated 2024**

DHHS > Public Health > Env. Health Section > CEHU

Children's Environmental Health

The Children's Environmental Health Unit includes three programs that play vital roles in the health of our children.

- **Phone:** 919-707-5951
- [Regional Staff Territories \(PDF, 522 KB\)](#) **Updated 2024**

Child Care Sanitation (CCS) Program

The Child Care Sanitation (CCS) Program monitors and oversees sanitation requirements for licensed child care centers and provides consultation to local health departments regarding communicable disease control and sanitation in the child care setting. Technical assistance, continuing education and training, are provided for local health departments, environmental health specialists and public health nurses involved with the implementation of the CCS program.

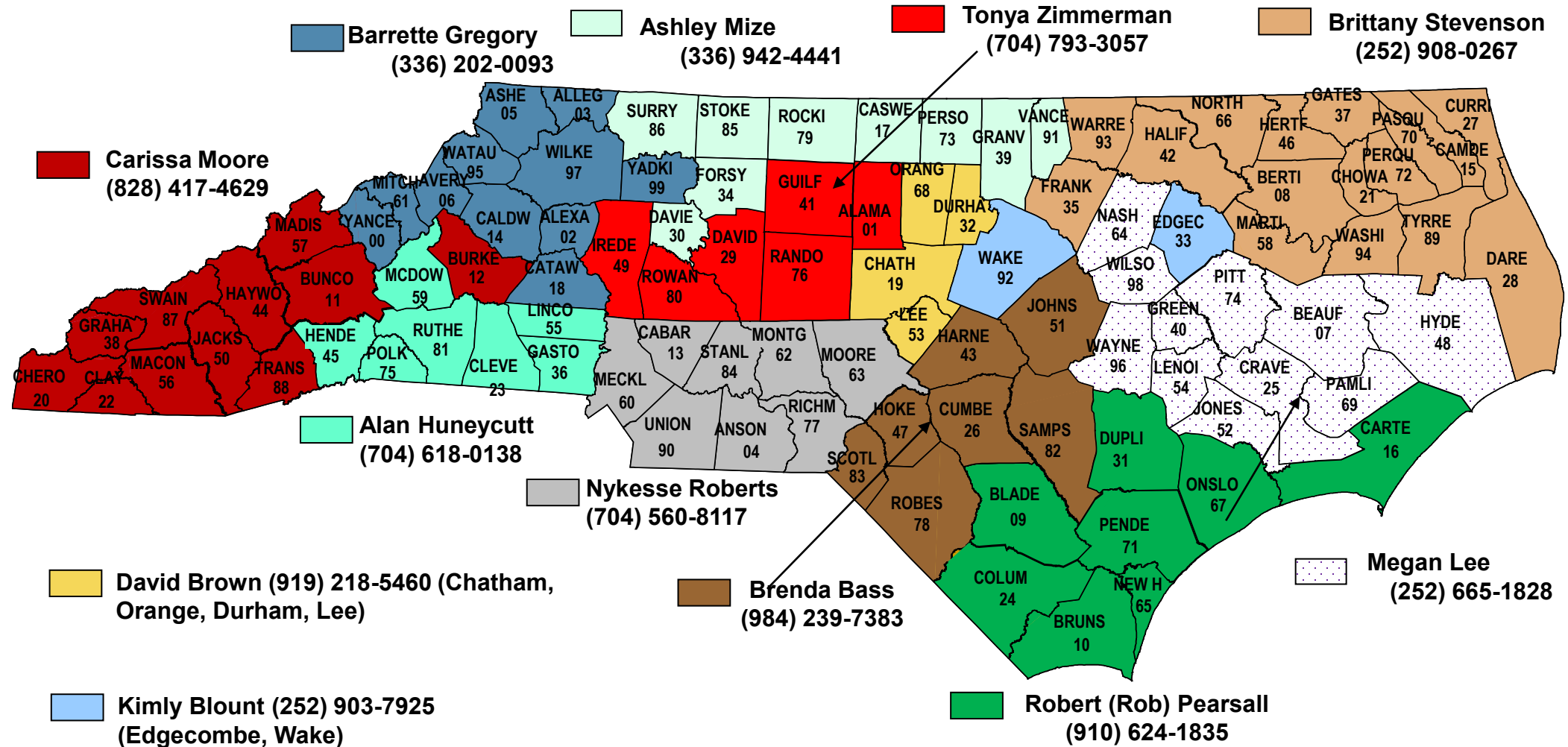
- [1617 Child Care Sanitation Inspection Form - Revised 6/23](#) (PDF, 164 KB)
- [Child Care Sanitation Rules](#) (PDF, 428 KB)
- [Comment Addendum](#) (PDF, 7 KB)
- [Chain or Franchise Child Care Center Application](#) (PDF, 197 KB)
- [Policy Memos](#)

Highlights

- **08/06/25:** [Environmental Follow-Up Business Rules](#)
- **06/02/25:** [NC Childhood Lead Testing and Follow-Up Manual](#)
- **06/03/24:** [Memo on Funding and Enrollment at child care centers and public schools](#)
- **03/07/24:** [Memo re: Water testing at child care centers located at public schools](#)
- **10/03/23:** Post Disaster Assessment Form (PDF). (DOC).
- **01/18/23:** [QSR Glass and Multi Surface Cleaner](#)
- **11/1/2024:** [Updated Clinical Follow-Up Schedule](#)
- **06/24/21:** [Child Care Strong NC Public Health Toolkit](#)
- **01/29/21:** [Serving Local Foods in NC Child Care Centers Guidance](#)

Children's Environmental Health Program

Environmental Health Staff Regions



2026 CEH Training

Child Care SOP

March 11th-13th, 2026 location (Greenville) register now!

Lead Poisoning Prevention SOP Workshop

Required Lead Training for Authorized Agents

September 9th -11th, 2026 (Asheboro)

Recertification Training Greenville Tech

August 4th -7th, Durham, NC

CIT Dates For Child Care/Schools:

March 16th -17th

June 15th -16th

October 12th -13th

ARPA Related Webinars for Counties: Monthly 3rd Tuesday



MEET OUR RALEIGH TEAM



Tena-Hand -Schafele
Data Manager



Melanie Napier
Public Health Epidemiologist Team Leader



Samantha Sites
Public Health Epidemiologist



Jeff Smedley
Public Health Epidemiologist



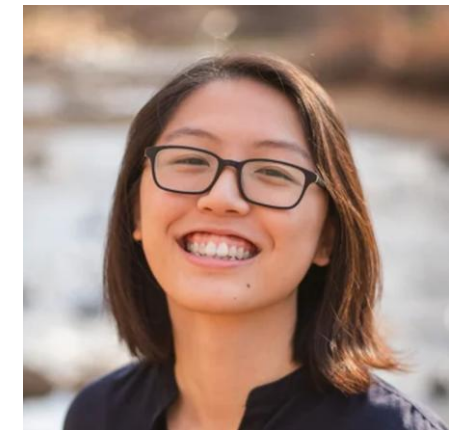
Ashley Stacy-Boddapati
CEH Nurse Consultant



Alex Brown
Public Health Epidemiologist



Keandra Cofield
CEH Operations Manager



Jennifer Lao
Public Health Epidemiologist

WELCOME! JENNIFER LAO



PUBLIC HEALTH
EPIDEMIOLOGIST

Jennifer Lao is the newest public health epidemiologist on the Raleigh team with a passion for utilizing data to promote equitable health policies and programs.

She supports data collection and data quality improvement for the NCLEAD statewide surveillance system, by assisting local counties with completing environmental follow-up on lead poisoning cases.

She also assists efforts in updating NCLEAD to automatically incorporate environmental sample results and information.

Jennifer earned her Master of Public Health at Harvard T.H. Chan School of Public Health

Her contact information is
jennifer.lao@dhhs.nc.gov or 919-737-1557.

TENA HAND-SCHAFALE



PROGRAM DATA MANAGER

Tena has been the Data Manager for the NC CLPPP for more than 30 years. She is the principal administrator and technical consultant for NCLEAD.

Ms. Hand-Schafale coordinates collection and analysis of blood lead and environmental sample data, and also provides technical assistance to blood lead laboratories, local health departments and other health care providers on reporting requirements.

She also processes blood lead test result data from commercial laboratories and health care providers that use point-of-care blood lead analyzers.

She is a technical consultant to health care providers and other agencies regarding protocol for blood lead testing and appropriate clinical and environmental follow-up services.

Her contact information is **Tena.Hand@dhhs.nc.gov** or **Work:** (919) 707-5933 | **Mobile:** (919) 815-0141

MELANIE NAPIER



PUBLIC HEALTH EPIDEMIOLOGIST TEAM LEAD

Dr. Napier provides oversight and guidance in the workflow of all grant-funded staff.

Oversee and coordinate grant application, reporting and administration of federal funding sources from CDC, EPA and ARPA that support the CLPPP program.

Perform contract administration including communication with contractors and collaborators related to grant activities. Respond to surveillance and data requests as ARPA Program Coordinator, including oversee AA 914 along with Keandra.

Role with the local Health Departments:

Questions related to ARPA

Questions related to NCLEAD or environmental/clinical follow-up of cases

NCLEAD training or technical assistance through the leadhelpdesk

Her contact information is **Melanie.Napier@dhhs.nc.gov** or **Mobile: 919.407.9401 | Work Cell**

SAMANTHA SITES



PUBLIC HEALTH
EPIDEMIOLOGIST

Samantha primarily process Leadcare II test results from pediatric clinics. She also conduct surveillance of EBL and CLP cases across NC.

Notifies LHDs of EBL and CLP cases that need follow-up in NCLEAD.

LHD staff can contact dph.leadhelpdesk@dhhs.nc.gov with questions related to these cases.

Her contact information is **Samantha.Sites@dhhs.nc.gov** or
Mobile: 919-819-0055

JEFF SMEDLEY



PUBLIC HEALTH
EPIDEMIOLOGIST

Jeff conducts data collection, cleaning, analysis, and reporting. He provides follow-up on missing clinical and environmental data. He also provides assistance with clinical and environmental follow-up of cases.

Provide technical assistance to clinics using LeadCare II point-of-care (POC) blood lead analyzers and supports CEH's lead nurse with clinical questions and follow-up and/or cases.

Answer questions to the Lead Help Desk.
Provide technical assistance and administrative support for NCLEAD.

LHD staff can contact dph.leadhelpdesk@dhhs.nc.gov with questions related to cases.

His contact information is **Jeff.Smedley@dhhs.nc.gov** or
Mobile: 919.794.1165 | *Work Cell*

ALEX BROWN



PUBLIC HEALTH EPIDEMIOLOGIST

Alex earned her Master of Public Health specializing in Epidemiology and Biostatistics at Boston University School of Public Health.

Alex is presently working to improve data collection, quality, and internal consistency of environmental follow-up data in NCLEAD.

Additionally, Alex is expanding the surveillance system to electronically collect water and environmental sample results. Alex is eager to help Local Health Departments with documentation in NCLEAD. Specifically, she has already been working with counties to help them remove investigations from the Active Property Investigations workflow. Please do not hesitate contacting Alex if you need assistance navigating NCLEAD, have questions about requirements, or are facing difficulties with documentation in the Property Event.

Alex can be reached via call or text at **(919) 830-1729** or email at **alex.brown@dhhs.nc.gov**.

KEANDRA COFIELD



CEH OPERATIONS MANAGER

Keandra oversees all budgets for CEH and ARPA, as well as daily administrative workflows. Her goal is to bridge the gaps between the staff and their goals. Additional duties include financial and resource management, recruiting and onboarding of staff, contracts, etc.

Contact with LHDs include AA contracts and If LHDs have questions and are not sure who to contact as it relates to lead, they can reach out to Keandra and she will be able to point them in the right direction.

Her contact information is **Keandra.Cofield@dhhs.nc.gov** or 984-220-0450 | **Work Cell**

ASHLEY STACY-BODDAPATI



CEH NURSE CONSULTANT

Ashley joined the NC CLPPP team in March 2024. Her primary focus is clinical outreach, including technical assistance to private clinics and health departments, providing clinical training, and creating/updating clinical reference materials.

Ashley also collaborate with the UNC Institute for the Environment on community outreach and education. Additionally, she compile data reports for the Multijurisdictional Repository of Lead-Containing Consumer Products Pilot Project, a collaborative led by the NYC Department of Health.

LHDs can contact Ashley for questions about lead testing and case management for children under 6, refugees, and pregnant woman. They can also request clinical training or materials.

Ashley can be reached via call or text at **(919) 609-0877** or email at **Ashley.stacy-boddapati@dhhs.nc.gov**.

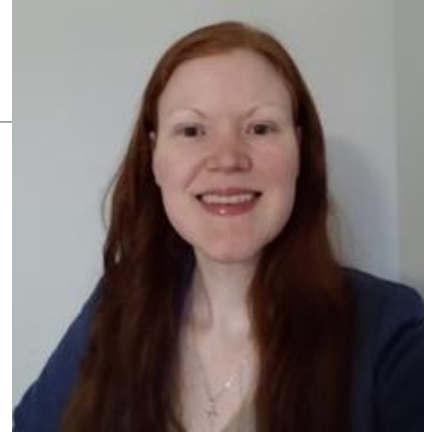
THANK YOU RALEIGH TEAM!



Tena-Hand -Schafale
Data Manager



Melanie Napier
Public Health Epidemiologist Team Leader



Samantha Sites
Public Health Epidemiologist



Jeff Smedley
Public Health Epidemiologist



Ashley Stacy-Boddapati
CEH Nurse Consultant



Alex Brown
Public Health Epidemiologist



Keandra Cofield
CEH Operations Manager



Jennifer Lao
Public Health Epidemiologist

Child Care Sanitation

.2800 Rules



Child Care Position Statements

- * Water Testing For Centers Located at Schools
- * Child Care Centers Located in a Residence
- * Facilities No Longer Requiring Inspections



MEMORANDUM

DATE: November 6, 2025

TO: Environmental Health Directors, Supervisors, and Specialists

FROM: Ed Norman, Program Manager



SUBJECT: Division of Child Development and Early Education (DCDEE) increased the allowable number of children in a licensed child care center located in a residence.

North Carolina Child Care Rule 10A NCAC 09 .0713 was amended effective November 1, 2024, regarding staff/child ratios for centers. The rule provides two capacity options for centers located in a residence. Rule .0713(b) has increased the licensed capacity up to 15 children for child care centers located in a residence. Rule .0713(c) provides an option for them to continue operating with a capacity of twelve.

The staff/child ratio also changes for a center located in a residence with a licensed capacity change of 13 to 15 children as follows:

Age of Children	Ratio Staff/Children	Maximum Group Size
0 to 12 Months	1/5	10
12 to 24 Months	1/6	12
2 to 13 Years	1/10	15
3 to 13 Years	1/15	15

Rules Governing the Sanitation of Child Care Centers 15A NCAC 18A .2800 allow for certain exemptions for child care centers licensed for fewer than 13 children and located in a residence, which were based on the classification requirements established by DCDEE. Based on this DCDEE rule amendment, these exemptions in the Child Care Sanitation .2800 rules should be granted for child care centers licensed for fewer than **16 children** and located in a residence. The Rules Governing the Sanitation of Child Care Centers 15A NCAC 18A .2800 will be revised to reflect this DCDEE rule amendment during the next rules re-adoption cycle.

Please contact your CEH Regional Specialist if you have questions regarding this guidance.


Child Care Center Located in a Residence

- *Current sanitation Rules allows certain exemptions in the .2800 rules for child care centers licensed for fewer than 13 and located in a residence. This was based on classification requirement by DCDEE.
- *DCDEE increased the number of allowable children from 13 to 15 children for child care centers located in a residence.
- *Therefore, by policy we have increased the capacity number from 13, to fewer than 16 and located in a residence in the sanitation rules.
- *Permanent change will occur during rule re-adoption.

Water Testing Child Care Center Located in a School

MEMORANDUM

TO: Environmental Health Directors, Supervisors, and Specialists

FROM:  Ed Norman, Program Manager
Children's Environmental Health, Environmental Health Section

SUBJECT: Water testing at child care centers located at public schools

Under Rule 15A NCAC 18A .2816, drinking water at licensed child care centers is required to be tested once every three years. The first round of testing was completed for more than 4,500 centers more than three years ago. As a result, child care centers are due for a second round. While some have already completed the process, many others have enrolled.

Similarly, under Rule 10A NCAC 41C .1005 drinking water at public schools was required to be tested once by May 1, 2024. Due to the complexities and volume of water testing at more than 3,000 public schools as well as delays due to Hurricane Helene last fall, the deadline for testing was pushed back by a year and online enrollment is considered temporary compliance. However, that timeframe has now expired.

In addition, for child care centers located within public schools, our vendor asked that they not enroll separately from the school they are affiliated with to avoid potential duplicate testing. For centers located within schools that are past due for re-testing, this request is now rescinded, and these centers should enroll independently to avoid demerits on item #20 of the child care sanitation gradesheet.

During the current inspection period (7/1/25 – 12/31/25), authorized agents should indicate the need to complete testing in the comment section of the gradesheet for these centers if not enrolled or tested. After December 31, 2025, these centers will receive 8 demerits on item #20 and be in provisional status if not enrolled or tested.

Please contact me at ed.norman@dhhs.nc.gov or at 919-218-6511 if you have questions regarding this guidance.

Facilities No Longer Requiring a Sanitation Inspection

*Locations should be coded as a hard close



Session Law 2025 – 36 // SECTION 5.(a) G.S. 110-91 reads as rewritten:

"§ 110-91. Mandatory standards for a license.

All child care facilities shall comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Except as otherwise provided in this Article, the standards in this section shall be complied with by all child care facilities. ~~However, none~~ Notwithstanding any provision of law or rule to the contrary, any building and grounds which are currently approved for school occupancy and which house a public or private elementary or middle school shall be deemed to have met the space and equipment, sanitation, fire, and building code requirements for a licensed child care facility when the building and grounds are serving the same, or a subset of the same, school-age children in an out-of-school child care program. None of the standards in this section apply to the school-age children of the operator of a child care facility but do apply to the preschool-age children of the operator. Children 13 years of age or older may receive child care on a voluntary basis provided all applicable required standards are met. The standards in this section, along with any other applicable State laws and federal laws or local ordinances, shall be the required standards for the issuance of a license by the Secretary under the policies and procedures of the Commission except that the Commission may, in its discretion, adopt less stringent standards for the licensing of facilities which provide care on a temporary, part-time, drop-in, seasonal, after-school or other than a full-time basis.

Each child care facility shall provide indoor area equipment and furnishings that are child size, sturdy, safe, and in good repair. Each child care facility that provides outdoor area equipment and furnishings shall provide outdoor area equipment and furnishings that are child size, sturdy, free of hazards that pose a threat of serious injury to children while engaged in normal play activities, and in good repair. The Commission shall adopt standards to establish minimum requirements for equipment appropriate for the size of child care facility. Space shall be available for proper storage of beds, cribs, mats, cots, sleeping garments, and linens as well as designated space for each child's personal belongings. The Division of Child Development of the Department of Health and Human Services shall establish and implement a policy that defines any building which is currently approved for school occupancy and which houses a public or private elementary or middle school to include the playgrounds and athletic fields as part of the school building when that building is used to serve school-age children in after-school out-of-school child care programs. ~~Playgrounds and athletic fields referenced in this section that do not meet licensure standards promulgated by the North Carolina Child Care Commission shall be noted on the program's licensure and rating information~~

Overview of changes –

If a facility is providing "out of school" care to school age children only, is operating in a building approved for school occupancy, and houses public or private school children during the school year, the building and grounds shall be considered approved. DCDEE would not require building, fire, or sanitation inspections for licensure and subsequently the annual fire and sanitation inspection would no longer be required. Licensing consultants will not need to request copies of any previously completed building, fire and sanitation inspections.

Facilities No Longer Requiring a Sanitation Inspection

Overview of changes –

If a facility is providing "out of school" care to school age children only, is operating in a building approved for school occupancy, and houses public or private school children during the school year, the building and grounds shall be considered approved. DCDEE would not require building, fire, or sanitation inspections for licensure and subsequently the annual fire and sanitation inspection would no longer be required. Licensing consultants will not need to request copies of any previously completed building, fire and sanitation inspections.

QUESTIONS?



Lead Poisoning Prevention Update

Lead Poisoning Prevention .3100

IS A COLLABORATION OF THE
STATE AND LOCAL PROGRAMS



LEAD POISONING PREVENTION .3100

§ 130A-131.5. Commission to adopt rules.

(a) For the protection of the public health, the Commission shall adopt rules for the prevention and control of lead poisoning in children in accordance with this Part.

§ 130A-131.7. Definitions.

(4) " "Department" means the Department of Health and Human Services or its authorized agent.

§ 130A-131.9A. Investigation to identify lead poisoning hazards.

- (a) When the Department learns of confirmed lead poisoning, the Department shall conduct an investigation to identify the lead poisoning hazards to children and pregnant women. . . .
 - (a1) When the Department learns of an elevated blood lead level, the Department shall, upon informed consent, investigate the residential housing unit where the child or pregnant woman with the elevated blood level resides....
- (a) The Department shall also conduct an investigation when it reasonably suspects that a lead poisoning hazard to children or pregnant women exists in a residential housing unit or child- occupied facility occupied, regularly visited, or attended by a child less than six years of age or a pregnant woman.
- (b) In conducting an investigation, the Department may take samples of surface materials, or other materials suspected of containing lead, for analysis and testing. . . .



Each local health department
should have an authorized lead
agent & an authorized NC lead
user
(Env Health & Clinical)



February 25, 1994

MEMORANDUM

TO: Local Health Directors
FROM: Ronald H. Levine, M.D., M.P.H.
SUBJECT: Lead Investigation/Abatement Responsibilities & Delegation of Authority


I am pleased to announce that Ed Norman has joined the Environmental Health Services Section in the Division of Environmental Health as the Program Supervisor for the newly consolidated childhood lead program. As of February 1, 1994, medical surveillance and environmental intervention portions of the program are both located in the Environmental Health Services Section. Mr. Norman served as a public health epidemiologist with the program for the past four years coordinating medical surveillance and clinical training. He will now take on the additional responsibility of coordinating environmental follow-up.

Recent legislative appropriations of over one million dollars annually have been earmarked primarily for environmental follow-up of lead poisoned children. Funding for seven new regional environmental health "lead" specialists, and an office assistant in the central office has been provided. Additionally, \$500,000 annually is reserved for sick-leave for counties and will be distributed beginning in July, 1994. The intent of the new funding is to help prepare both the Division of Environmental Health and local health departments for the additional responsibilities involved with environmental investigation and lead hazard abatement.

The roles and responsibilities for environmental follow-up are in a state of transition as the seven new regional lead specialists will be hired over the course of the next twelve months. Having seven regional environmental health specialists devoted to lead will make available to local health departments a greater time commitment and degree of technical assistance and consultation than the current regional environmental health specialists are able to provide. However, the primary responsibility for environmental follow-up will continue to reside with the local health department.

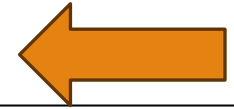
Environmental investigation and abatement of lead hazards is required under GS 130A-131.5 and 15A NCAC 16A .3100 for children with lead poisoning. Lead poisoning is currently defined as a confirmed blood lead of 25 micrograms per deciliter (ug/dL) or greater. The action level for environmental follow-up is anticipated to be lowered to 20 ug/dL by the end of this calendar year to conform with national standards. This could increase the case load for environmental follow-up by two to three-fold.

The environmental investigation should currently be a joint effort conducted by an investigation team of local health department staff and a regional specialist. One member



The primary responsibility for environmental follow-up resides with the LHD.

Until at least one environmental health staff member has been able to attend a workshop and become authorized. you (local health director are through this memorandum delegated the authority to implement GS. 130A-131.5 and 15A NCAC 18A .3100. The Attorney General's Office has advised that the delegation of authority should be used in this instance since there are specific enabling laws and rules other than GS. 130A-19. This authority extends to environmental follow-up for lead poisoning cases as well as investigations of schools and day care facilities. Once an environmental health specialist is issued authorization, that individual should have responsibility for implementing GS. 130-A - 131.5 and 15A NCAC 18A .3100.



**2nd page of memo
notes delegation of
authority**

NCGS § 130A-131.9B-- POST INVESTIGATION

Report must be written

Notice of Hazards must be sent to
owner/occupants

Notice will **recommend** or require **remediation**

FORMS/NOTICES/ORDERS FOR CLPP PROGRAM



DHHS > Public Health > Environmental Health Section > Forms

Forms

This page contains links to North Carolina Environmental Health Section forms. To view or print the forms you may need to download [Adobe Reader](#) or an [MS Office Viewer](#).

- Childhood Lead Poisoning Prevention Program - Updated 09/05/25

- [Special Lead Analysis of Drinking Water Request and Chain of Custody Record- DHHS Form 4122](#) (PDF, 154 KB) - **10/28/24**
- [3279 Lead Based Paint Investigation Form \(Shaded\)](#) (PDF, 319 KB), [3279 Lead Based Paint Investigation Form \(Unshaded\)](#) (PDF, 318 KB)
- [3460 Environmental Investigation for Lead Hazards](#) (PDF, 123 KB; [Fillable PDF](#))
- [3460P Environmental Investigation for Lead Hazards](#) (PDF, 192 KB; [Fillable PDF](#)) - **07/05/23**
- [4116 Lead and Pregnancy Risk Questionnaire](#)
- [4116S Bilingual Lead and Pregnancy Risk Questionnaire](#)
- [Approval of Extension of Deadline to Complete Remediation](#) (DOC, 28 KB)
- [Chain of Custody Form DHHS 2364](#) (PDF, 10 KB) - **12/31/20**
- [Childhood Lead Poisoning Prevention Checklist](#) (PDF, 172 KB; [DOCX](#), 36 KB)
- Components of Environmental Lead Investigation Report ([DOC](#), 35 KB; [PDF](#), 20 KB)
- [Child Occupied Facility No Lead Poisoning of Child](#) (PDF, 77 KB; [DOCX](#), 14 KB)
- [Child Occupied Facility / Remediation Plan Required](#) (DOC, 30 KB)
- [Child Occupied Facility / Submission of Names of Children](#) (DOC, 28 KB) - **01/17/20**
- [Child Occupied Facility / Submission of Names of Children- Final Notice](#) (DOC, 29 KB)
- [Confirmed Lead Poisoning \(Dwelling Owner\)](#) (DOC, 29 KB)
- [Confirmed Lead Poisoning \(Dwelling Occupant\)](#) (DOC, 28 KB)
- [Confirmed Lead Poisoning \(Child Occupied Facility\)](#) (DOC, 27 KB) - **01/17/20**
- [Consent / Refusal Form](#) (PDF, 119 KB) - **11/12/24**

- [Confirmed Lead Poisoning \(Child Occupied Facility\)](#) (DOC, 27 KB) - **01/17/20**
- [Consent / Refusal Form](#) (PDF, 119 KB) - **11/12/24**
- [EBL at Dwelling \(Dwelling Owner\)](#) (DOC, 28 KB)
- [EBL at Dwelling \(Dwelling Occupant\)](#) (DOC, 28 KB); Revised 04/2016
- [EHS 3651 Evaluation of Child with Elevated Blood Lead Level](#) (PDF, 27 KB)
- [EHS 3958 Lead Risk Assessment Questionnaire](#) (PDF, 215 KB) - **06/14/21**
- [Environmental Health Chain of Custody \(non-lead\)](#) (PDF, 6 KB)
- [Lead Investigation Report Template](#) (DOCX, 63 KB) - **03/08/23**
- [Maintenance Standard - Annual Monitoring Failure](#) (DOC, 18 KB)
- [The Maintenance Standard Planning Guide for Required Remediation](#) (DOCX, 21 KB) - **04/20/22**
- [Multiple Family Dwelling / Submission of Names](#) (DOC, 28 KB)
- [Multiple Family Dwelling / Request Submission of Names \(parents/ children\)](#) (DOC, 29 KB)
- [New Owner / Confirmed Lead Poisoning](#) (DOC, 16 KB) - **02/25/20**
- [Notice when Dwelling Fails Clearance - Provide Names](#) (DOC, 29 KB)
- [Order To Modify Remediation Plan](#) (DOC, 14 KB) - **02/25/20**
- [Owner Lead Paint - No Hazard](#) (DOC, 27 KB)
- [Owner Request for Extension](#) (DOC, 29 KB)
- [Parent/Day Care - Notice of Lead Poisoning Hazard](#) (DOC, 29 KB)
- [Parent/Day Care Final Notice to Have Child Tested](#) (DOC, 29 KB)
- [PRE-Investigation Questionnaire for Family Dwellings - COVID-19](#) (PDF, 122 KB; [Fillable PDF](#)) - **12/29/20**
- [Remediation Incomplete - Final Notice](#) (DOC, 28 KB)
- [Remediation Not Completed within 60 Days](#) (DOC, 29 KB)
- [Remediation Order After Failure of Clearance](#) (DOC, 33 KB) - **03/13/23**
- [Remediation Plan Approved](#) (DOC, 28 KB)
- [Remediation Plan Not Received - Final Notice](#) (DOC, 29 KB)
- [Remediation Plan Not Submitted within Time Required](#) (DOC, 29 KB)
- Special Lead Analysis of Drinking Water Request and Chain of Custody Record (DHHS 4122) - *for Local Health Department use; LHDs please contact your Regional Environmental Health Specialist within the [Childhood Lead Poisoning Prevention Program](#).*
- [Food, Spice, Cosmetics, and Medicines Survey](#) (PDF, 169 KB [Fillable PDF](#)) - **09/05/25**
- [Guidelines for Completing Food, Spice, Cosmetics, and Medicines Survey](#) (PDF, 153 KB) - **09/05/25**
- [Verification of Lead Poisoning Hazard Remediation](#) (DOC, 28 KB)
- [Verification of School-Based Center](#) (DOC, 14 KB) - **02/25/20**

Childhood Lead Poisoning Prevention Checklist

Name of Child: _____

Date of Birth: _____

INVESTIGATION

- ☐ Primary Address
- ☐ Supplemental Address (Current or within past 6 months)
- ☐ Consent Given
- ☐ Warrant Obtained

NOTICE

- ☐ Pre-Notice with educational information (local option)
- ☐ Required Notice with attachments (Investigation report, educational information, list of possible methods)

REMEDIATION STANDARD

- ☐ Recommended (EBL)(REASONABLE SUSPICION)
- ☐ Required (confirmed EBL)

REMEDIATION PLAN

- ☐ 14 days to submit remediation plan
- ☐ If no plan, then 5-day Remediation Order
- ☐ If no plan or no modified plan, then Final Notice to Comply within 5 days
- ☐ Plan approval
- ☐ Written letter of approval
- ☐ Disapproval of plan
- ☐ Remediation Order requiring submission of modified plan
- ☐ No response then discuss with Health Director, Regional Specialist, Attorney
- ☐ Refer to Attorney

REMEDIATION ACTIVITIES

- ☐ Complete within 60 days of approval of plan or modified plan

INCOMPLETE REMEDIATION

- ☐ Written approval extending time for 30 days based on good cause
- ☐ Extension not requested
- ☐ Remediation Order to complete activities within 10 days
- ☐ Final Notice to Comply within 5 days
- ☐ No response then discuss with Health Director, Regional Specialist, Attorney
- ☐ Refer to Attorney

FINAL DISPOSITION

- ☐ Court action taken
- ☐ Clearance

----ANNUAL MONITORING REQUIRED

----PERIODIC MONITORING OF ABANDONED PROPERTY

(rev. 10/2018)

**CONFIDENTIAL MEDICAL
INFORMATION**

EBL

- ☐ EBL 5-9 ug/dL
- ☐ Confirmed -- 10 ug/dL or greater
- ☐ Laboratory Report in Medical file

Remediation

COUNTY

Adhere to timelines for submittal of Remediation Plans

Review Remediation Plans

Know what are acceptable techniques and what to look for

Make Modifications if needed

Work with Regional Specialist for approval of Abatement Plans

Send approval or modification request of remediation plans

Adhere to timelines of remediation

STATE

Assist local EHS with approval of abatement plans

Assist when needed for other plan approvals

Modify Abatement Plans if needed as a Certified Designer

REMEDIATION PLAN

- ☐ 14 days to submit remediation plan
- ☐ If no plan, then 5-day Remediation Order
- ☐ If no plan or no modified plan, then Final Notice to Comply within 5 days
- ☐ Plan approval
- ☐ Written letter of approval
- ☐ Disapproval of plan
- ☐ Remediation Order requiring submission of modified plan
- ☐ No response then discuss with Health Director, Regional Specialist, Attorney
- ☐ Refer to Attorney

REMEDIATION ACTIVITIES

- ☐ Complete within 60 days of approval of plan or modified plan

INCOMPLETE REMEDIATION

- ☐ Written approval extending time for 30 days based on good cause
- ☐ Extension not requested
- ☐ Remediation Order to complete activities within 10 days
- ☐ Final Notice to Comply within 5 days
- ☐ No response then discuss with Health Director, Regional Specialist, Attorney
- ☐ Refer to Attorney

FINAL DISPOSITION

- ☐ Court action taken
- ☐ Clearance

----ANNUAL MONITORING REQUIRED

----PERIODIC MONITORING OF ABANDONED PROPERTY

TYPES OF REMEDIATION*

Abatement

- Permanent elimination (20 years)

Maintenance Standard

- Requires annual monitoring
- Must address all identified hazards

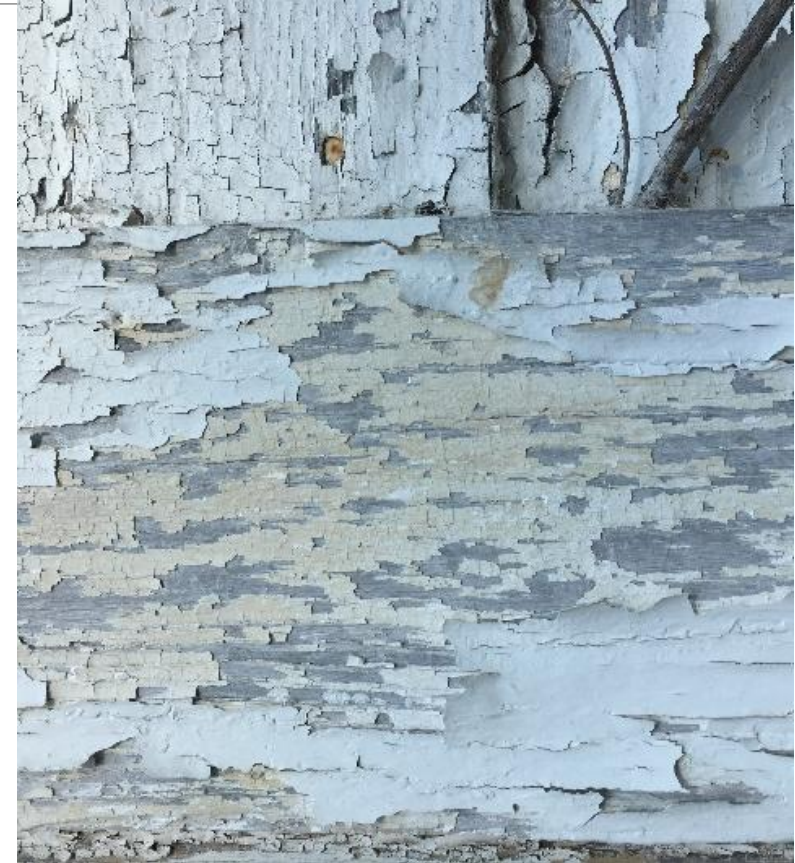
Demolition

- Requires soil sampling

Abandonment

- Requires periodic monitoring
- Plan should state that a new remediation plan is required if reoccupied as a residence or COF

Change of Use



SUMMARY....

When hazard identified must notify parents, owners
Remediation required confirmed lead level of 10 ug/dl

14 days to submit Remediation Plan

60 Days to complete remediation activities

Can request **30-day extension**

The order to Remediate goes with
the unit or facility. Transfer of
property by sell or gift does not
change order to Remediate.

Removal of children less than 6 from unit/
facility does not change the order to Remediate
so long as used as dwelling/ child occupied
facility

TIME FRAMES

14-days (plan)

60 days (remediate)

5-day Notices

10-day Notices

Owner/managing agent can
request 30-day extension of time
to complete Remediation



Childhood Lead Poisoning Prevention Checklist

Name of Child: _____

Date of Birth: _____

INVESTIGATION

- ☐ Primary Address
- ☐ Supplemental Address (Current or within past 6 months)
- ☐ Consent Given
- ☐ Warrant Obtained

NOTICE

- ☐ Pre-Notice with educational information (local option)
- ☐ Required Notice with attachments (Investigation report, educational information, list of possible methods)

REMEDIATION STANDARD

- ☐ Recommended (EBL)(REASONABLE SUSPICION)
- ☐ Required (confirmed EBL)

REMEDIATION PLAN

- ☐ 14 days to submit remediation plan
- ☐ If no plan, then 5-day Remediation Order
- ☐ If no plan or no modified plan, then Final Notice to Comply within 5 days
- ☐ Plan approval
- ☐ Written letter of approval
- ☐ Disapproval of plan
- ☐ Remediation Order requiring submission of modified plan
- ☐ No response then discuss with Health Director, Regional Specialist, Attorney
- ☐ Refer to Attorney

REMEDIATION ACTIVITIES

- ☐ Complete within 60 days of approval of plan or modified plan

INCOMPLETE REMEDIATION

- ☐ Written approval extending time for 30 days based on good cause
- ☐ Extension not requested
- ☐ Remediation Order to complete activities within 10 days
- ☐ Final Notice to Comply within 5 days
- ☐ No response then discuss with Health Director, Regional Specialist, Attorney
- ☐ Refer to Attorney

FINAL DISPOSITION

- ☐ Court action taken
- ☐ Clearance

----ANNUAL MONITORING REQUIRED

----PERIODIC MONITORING OF ABANDONED PROPERTY

(rev. 10/2018)

**CONFIDENTIAL MEDICAL
INFORMATION**

EBL

- ☐ EBL 5-9 ug/dL
- ☐ Confirmed -- 10 ug/dL or greater
- ☐ Laboratory Report in Medical file

A solid orange vertical bar is positioned on the left side of the slide, extending from the top to the bottom.

QUESTIONS?

Clinical Management Update

Ashley Stacy-Boddapati, BSN, RN

