

Quality Assurance Child Care and School Sanitation (CCSS) Programs and Childhood Lead Poisoning Prevention (CLPP) Program

Rob Pearsall
Children's Environmental Health,
Team Leader
CEH Regional Meeting
February 12, 2026



History of QA

- Section 4.7 of Session Law 2024-49 “All local health departments shall enter into an annual agreement”
 - Overall QA Committee was formed consisting of members from NCEHSA, NCALHD and NCDHHS.
 - A QA Sub-Committee for the CCSS Program and CLPP Program was formed including CEH Staff, county EH supervisors and county EHS.
 - By July 1, 2025, LHD will have developed a plan in partnership with the EH Section to develop QA policies.
 - By January 1, 2026, LHD shall submit these plans to the EH Section for review and approval.
 - The QA Sub-Committees continued to meet and evolve the QA Programs based on county feedback.

Quality Assurance Program for Environmental Health Services- County QA Report Form

Section 4.7 of Session Law 2024-49 states: "All local health departments shall enter into an annual agreement with the Department to provide environmental health services in accordance with Chapter 130A of the General Statutes. The annual agreement shall include a requirement for quality assurance for all environmental health services."

*The EH Section, in collaboration with the North Carolina Environmental Health Supervisors Association (NCEHSA) and the North Carolina Association of Local Health Directors (NCALHD), has developed standardized QA policy templates to assist LHDs in meeting these requirements. For each program listed below, LHDs may use the NCEHSA/NCALHD policy templates as written, and/or simply put the policy in their required local format, or LHDs may build upon the policy templates provided to create their own county/district specific QA policies so long as the county/district specific policies remain as stringent as the policy template. **

In accordance with the Annual Consolidated Agreement, _____ (county/district) is submitting the following Quality Assurance policies to the Environmental Health Section, Division of Public Health (choose one from each section below):

Onsite Water Protection QA Policy that matches the NCEHSA/NCALHD policy template

Onsite Water Protection County/District Specific QA Policy*

Childcare and School Building QA Policy that matches the NCEHSA/NCALHD policy template

Childcare and School Building County/District Specific Policy *

Childhood Lead Poisoning Prevention QA Policy that matches the NCEHSA/NCALHD policy template

Childhood Lead Poisoning Prevention County/District Specific Policy *

Tattoo QA Policy that matches the NCEHSA/NCALHD policy template

Tattoos program County/District Specific Policy *

Swimming Pool QA Policy that matches the NCEHSA/NCALHD policy template

Swimming Pool County/District Specific Policy*

This form and all QA policies must be received before Jan 1, 2026.

Email all submittals to: EHS.InitialQASubmission2026@dhs.nc.gov

*Attestation: By signing below, the parties attest that information provided on this form is accurate and that all county/district specific QA policies included with this submission, as indicated above meet or exceed the requirements in NCEHSA/NCALHD QA policy templates. **

Environmental Health Director/Supervisor

Date

Health Director

Date

QA SUBMISSION

- The QA Report Form and all QA Policies must have been received before Jan 1, 2026
- Email all submittals to:
EHS.InitialQASubmission2026@dhs.nc.gov
- To date we have received QA Submissions from all 86 Health Departments/Districts.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
KELLY KIMBLE • Director, Public Health

MEMORANDUM

Date: 2/12/26

To: Jim Smith, Health Director

From: Robert H Pearsall, REHS, NCDHHS, Environmental Health Section

Subject: Approval of Environmental Health Quality Assurance Plans,
Health Department

The Consolidated Agreement ("CA") is an agreement between the Division of Public Health ("DPH") and a single local health department ("LHD") which commissions work to be performed by the LHD as specified in the CA.

Section 4.7 of Session Law 2024-49 modifies N.C.G.S. 143-300.8(b) to state: "All local health departments shall enter into an annual agreement with the Department to provide environmental health services in accordance with Chapter 130A of the General Statutes. The annual agreement shall include a requirement for quality assurance for all environmental health services."

The requirements of Section 4.7 of Session Law 2024-49 are included in the fiscal year ("FY") 2026 CA to require that all LHDs submit quality assurance ("QA") plans to the DPH Environmental Health Section by January 1, 2026, for review and approval.

This memo serves to acknowledge the receipt, review, and approval of QA plans by DPH as required by the FY 2026 CA for the following programs:

- On-site Wastewater
- Private Wells
- Child Care and School Sanitation
- Childhood Lead Poisoning Prevention
- Tattoo
- Swimming Pools

The FY 2026 CA requires the LHD to abide by the approved QA plans and any modifications requested by DPH to be eligible for defense by the Attorney General's Office or to have all or a portion of their judgment or settlement paid by the Department in accordance with G.S 143-300.8.

Please retain this memo for your records.

cc: EH Supervisor
EH Director

QA REVIEW AND APPROVAL

- The QA Policies are reviewed to ensure the *minimum criteria* for each QA Policy are met.
- If the minimum criteria is met a QA Approval Letter is sent.
- If the minimum criteria is not met an email is sent to the submitter that identifies where their QA Policy does not meet the minimum criteria.
- All 86 Health Departments/Districts QA Policies have been Approved

QA Implementation

- Once QA Policies have been approved, A QA Leader as described in the QA Policy should be designated.
- QA Leader should **review approved QA Policies.**
- Counties should begin to implement QA Policies.
 - File Reviews for Child Cares, Schools and Lead as per QA Policies.
 - Field Assessments for Child Cares (optional for Lead) as per QA Policies.
- QA Period is January 1 thru December 31.

QA DOCUMENTS

QA Documents

Section 4.7 of Session Law 2024-49 states:

"All local health departments shall enter into an annual agreement with the Department to provide environmental health services in accordance with Chapter 130A of the General Statutes. The annual agreement shall include a requirement for quality assurance for all environmental health services."

The "annual agreement" referenced above is interpreted as the Consolidated Agreement. Per the FY26 Consolidated Agreement, all local health departments (LHDs) are required to submit Quality Assurance (QA) Plans to the Environmental Health (EH) Section, Division of Public Health, by January 1, 2026, for the following program areas:

- Onsite Wastewater
- Private Drinking Water Wells
- Childhood Lead Poisoning Prevention
- Tattoos
- Public Swimming Pools
- Child Care and School Buildings

The EH Section, in collaboration with the North Carolina Environmental Health Supervisors Association (NCEHSA) and the North Carolina Association of Local Health Directors (NCALHD), has developed standardized QA policies and templates to assist LHDs in meeting these requirements. These documents, available at the link below, represent the minimum standards that each LHD must meet.

LHDs are welcome to exceed these minimum standards. However, if a department chooses to adopt the templates as-is, they may place them on local letterhead and submit them directly to the EH Section for approval.

QA Documents:

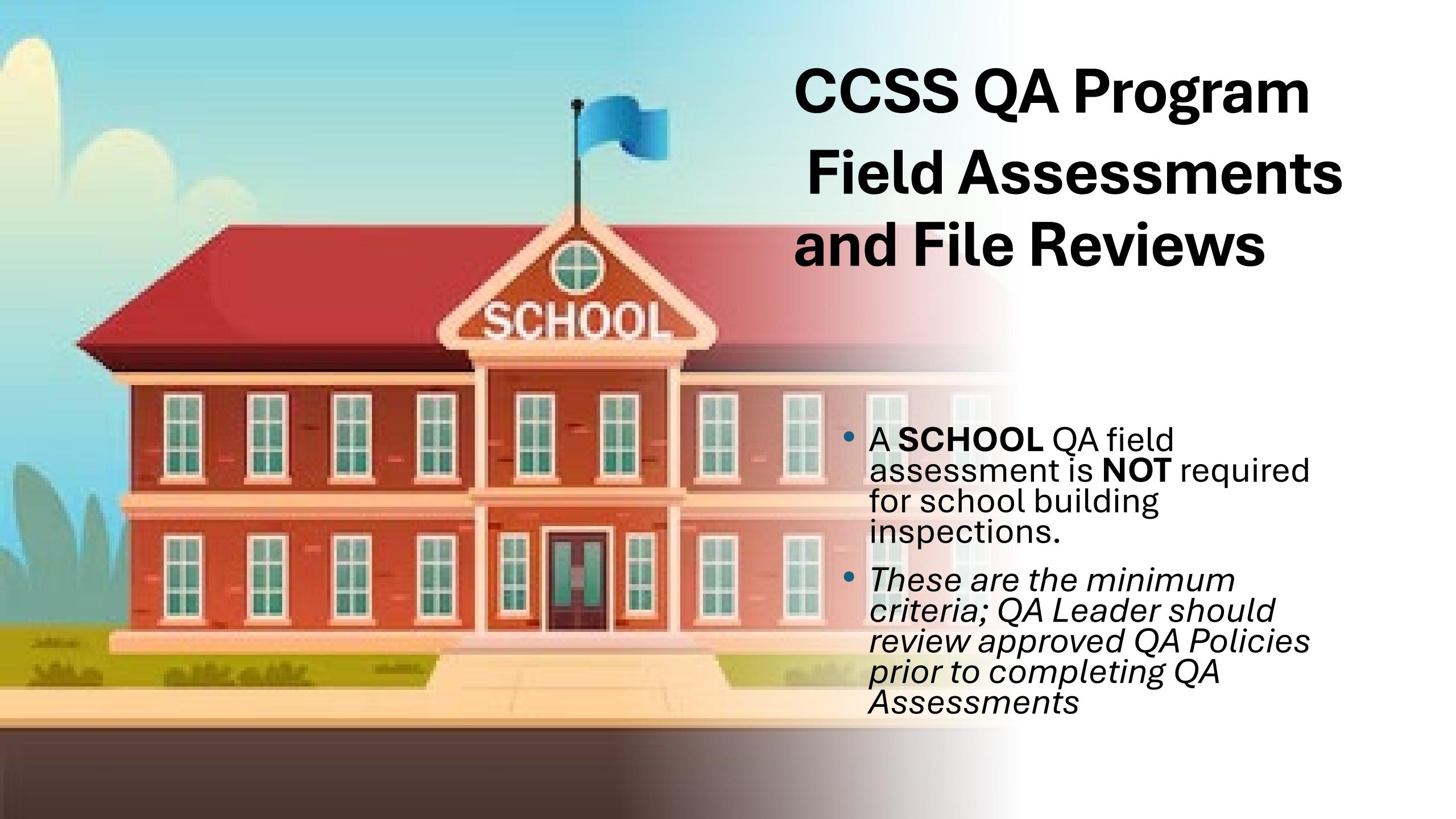
[CLPP, Tattoo, Pools, Childcare, OSWW, Wells](#)

- All QA forms are available on North Carolina Environmental Health Supervisors Association website:
 - <https://www.ncehsa.org/qa-documents/>

- Please check for updated forms.

QA Forms

- QA Forms are available on North Carolina Environmental Health Supervisors Association website:
 - <https://www.ncehsa.org/qa-documents/>
- QA Forms include:
 - File Review for Child Cares, Schools, and Lead.
 - Field Assessment for Child Cares (optional for Lead).
 - Marking Instructions for Child Care Field Assessment.
- Counties can develop their own forms that meet the minimum criteria or use the forms developed.



CCSS QA Program Field Assessments and File Reviews

- A **SCHOOL** QA field assessment is **NOT** required for school building inspections.
- *These are the minimum criteria; QA Leader should review approved QA Policies prior to completing QA Assessments*

CCSS QA Program

Child Care Field Assessments

Child Care (Per QA Period)

- 1 QA field assessment on at least 50% of authorized REHS's actively conducting childcare inspections
- If the LHD has more than 10 REHS's requiring field assessments, field assessments shall be conducted on at least 10 randomly selected authorized REHS's during the year.
- The 10 randomly selected authorized REHS's must vary annually.
 - *If the LHD has only one REHS authorized and there are no contract workers, or the LHD only utilizes one contract worker, the Regional Specialist may, upon their discretion, conduct field assessments.*

CCSS QA Program – Documents

Child Care QA Field Assessments Form

Childcare Program Fieldwork Quality Assurance Checklist							
Establishment Name:				EHS Name:			
Address:				EHS#:			
Facility ID #				Date:			
QA Reviewer:							
P	Items Evaluated			IN	OUT	NA	Comments
Conducting the Inspection							
1. Prior to inspection reviews (1-3) previous inspections, complaints, notes, etc.							
2. Prior to inspection reviews Lead in water samples, inquires about lead hazards identified by LHD lead investigations (.2816)							
3. REHS is properly equipped, identifies him/herself, professional rapport/appropriate attire							
4. Asks operator to accompany during inspection							
5. Appropriate hand washing throughout the inspection when required (upon entry, food preparation areas, kitchen, etc.) (.2803)							
6. Review DCDEE license/restrictions, licensed space (floor plan), verifies ownership and contact information							
7. Asks about changes to enrollment, water, and sewer. Collects bacteriological water sample (.2815)							
8. Moves through facility Youngest ---> Oldest (if applicable)							
Infant/Toddler Room Food Preparation and Diaper Changing Areas							
9. Identifies if food prep area meets requirements (.2810)							
10. Checks bottle warming equipment/accessibility (.2810)/ completion of feeding (No 1 hour rule) (.2804)							
11. Asks where/how bottles are prepared/human milk storage (.2804) (.2806)							
12. Asks how/where highchair feeding trays are cleaned (.2812)							
13. Observes/discusses diapering procedures, cleaning and disinfecting diaper station (.2819)							



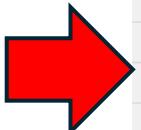
CCSS QA Program

File Review

- **Child Care**
 - At least 1 randomly selected file for every 10 licensed child-care centers (10%), with a **maximum of 10 files** selected.
- **School**
 - At least 1 randomly selected file for every 10 school buildings (10%), with a **maximum of 5 files** selected.
- ** Note: When conducting a file review, inspection reports and documentation shall be reviewed starting from at least the third oldest inspection cycle in the file and working towards the current day.*

CCSS QA Program Documents

Child Care QA File Reviews



Child Care Program Quality Assurance File Review				
Establishment Name:	EHS Name:			
Address:	EHS#:			
Inspection Dates Reviewed (3):	Date:			
Facility ID #	QA reviewer:			
Items Evaluated	IN	OUT	NA	Comments
1. Copies of sanitation inspections in file				
2. Staff using current NCDHHS forms and comment addendums				
3. Inspections conducted once each 6 month period				
4. Facility information is complete and accurate				
5. Lead hazards are noted and tracked				
6. Lead in water samples collected and documented				
7. Copies of well and septic permits available if applicable				
8. Well bacteriological samples collected if applicable				
9. Violations accurately marked and proper rule violation cited				
10. Violation Comments include Rule, Observations, and Corrective Actions				
11. Water temperatures recorded				
12. Food temperatures recorded				



CLPP QA Program File Reviews and Field Assessments

- *These are the minimum criteria; QA Leader should review approved QA Policies prior to completing QA Assessments*

QA File Reviews

CLPP Program



QA File Reviews:

- A minimum of at least 1 randomly selected file for every 5 lead investigations completed.
- Maximum of 5 files.
- All files that are **active** should be considered for file review, including files that are undergoing investigations, remediations, or are under annual monitoring of any type.
- The lead investigation does not have to occur during the QA review period but shall be within the current accreditation cycle to be considered active.

QA File Reviews

CLPP Program



QA File Reviews:

- If more than one file is reviewed, files should be selected from different REHS.
- When conducting a file review, documentation shall be reviewed starting with the confirmation of the case working towards the case's current status.
- If a county has no active lead files during a QA review period, a QA file assessment is not required.

CLPP QA Program – Documents

- QA File Review Form

Lead Pollution Prevention Program Quality Assurance File Review			
Address:	EBS Name:	EBS#:	
NCLEAD Serial ID#:	Date:	QA reviewer:	
For Quality Assurance, county will confirm the following:			
Item Evaluated	IN	OUT	Comments
1. Lead files are stored properly. Medical information is secured and protected under HIPAA requirements, if stored (if included)			
2. The county has an authorized Lead Agent, or an employee currently holding authorization.			
3. Investigations for EEL cases are being offered according to business rule and documented.			
4. CLP investigations are being conducted and documented.			
5. CLP supplemental addresses are being investigated and documented.			
6. Reasonable suspicion investigations are being conducted according to protocol. (Reasonable Suspicion Per SEPA, Determined conditions as reported within the last 6 months,asurable under the age of 5, 100% lead, 100% or indeterminate levels, reasonable probability, or known source addressed, or no source)			
7. Lab results are uploaded as an attachment to NCLEAD within 1 week of Environmental Health receiving results and the regional specialist is notified when results are available.			
8. Investigation reports and notices are reviewed and sent out within 2 weeks of being received from the Regional Specialist and uploaded into NCLEAD. Additional time may be required if translated versions are necessary.			
9. Investigation reports and notices are sent certified on county letterhead and receipt is documented in file. Notices are signed by authorized Lead Agent or Health Director.			
10. Follow-up notices are being sent in the required time frame set forth by the rule and statute: • Standard Follow-up Notice 5 days • Standard Follow-up Notice 10 days • Standard Follow-up Notice 15 days			
11. Remediation plans are being reviewed accurately and within a reasonable time frame. Modification Orders are being sent and indicate the modification that shall be made to the remediation plan to obtain approval. Abatement plans that require modifications are submitted to the CEH regional staff for review unless county has an EPA certified design engineer staff.			
12. Know hazard levels and interpret test results and investigation report accurately. Make appropriate recommendations with respect to remediation methods and acceptable techniques for remediation.			
13. Ensure remediations are completed within required time frame or within 30 days of notice. • Remediation completed within 10 days of notice or approved • Remediation completed within 10 days of notice • Remediation completed within 30 days of notice			
14. Clearance inspections are being coordinated and conducted in accordance to the approved remediation plan. (Notices issued before inspection and inspection results are recorded)			
15. Confirm properties are ready for clearance inspections prior to scheduling.			
16. If variation from the approved remediation plan is noted, a modification to the plan is required and approved prior to clearance or annual monitoring.			
17. Properties are being tracked for annual monitoring.			
18. County are conducting required annual monitoring according to required schedule and remediation plan.			
19. County are conducting required monitoring of vacant properties and documenting.			
20. After repeated attempts for compliance and final notices are sent and documented, lead cases are referred to law enforcement management.			
21. The county is in compliance with NCLEAD requirements.			
This section is only applicable for those counties that conduct independent investigations:			
22. Investigation reports are prepared accurately identifying lead, sampling history and appropriate remediation testing.			
23. Investigation reports and notices are sent out within 30 days of receiving lab results. Additional time may be required if translated versions are necessary.			
35. Overall Rating of EBS	100%		
36.			
37.			

QA PROGRAM FOR THE CLPP PROGRAM

QA Field Assessments - Optional

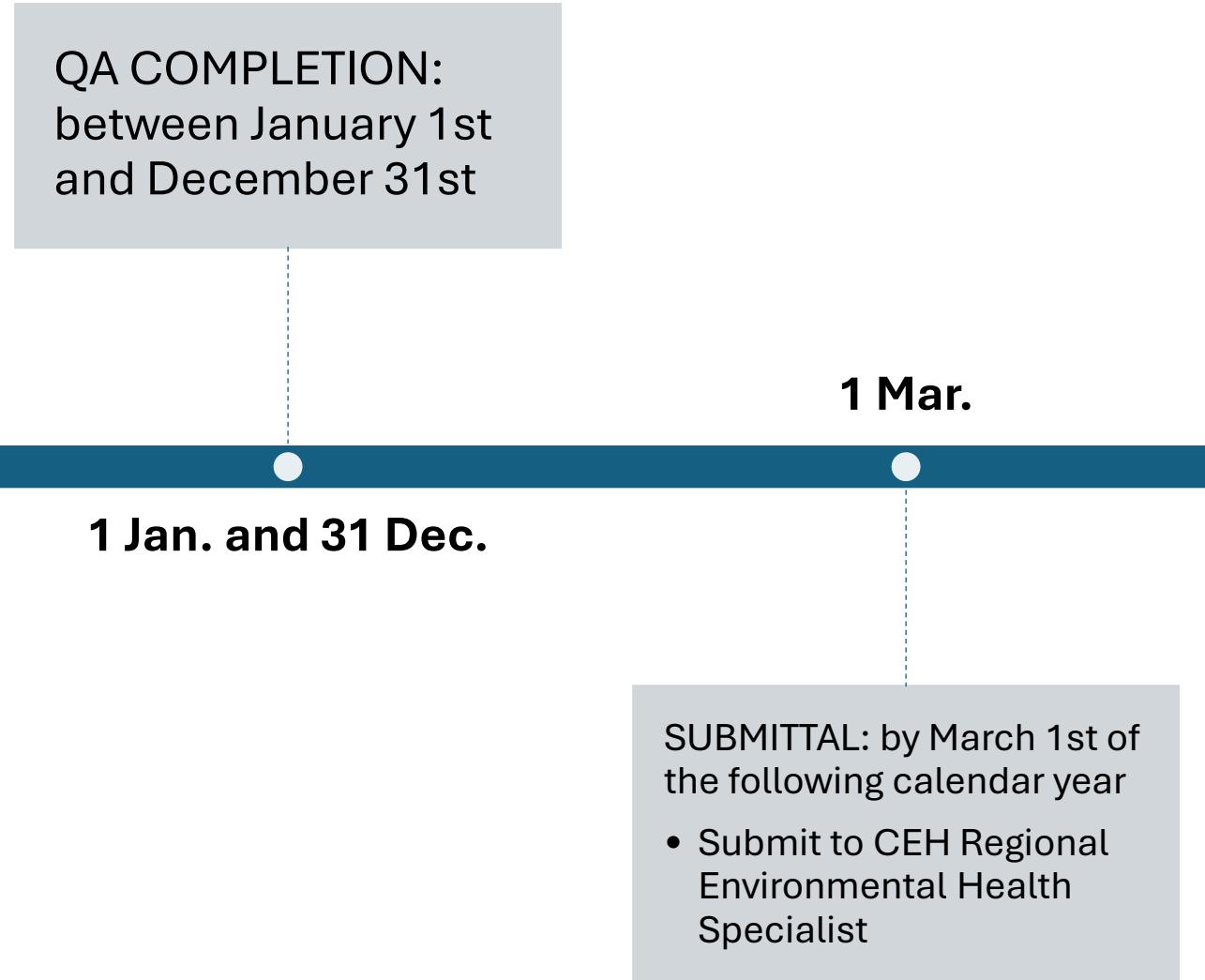
- QA field assessments for the CLPP Program are **optional**.
- ***If a LHD chooses to complete QA field assessments the following procedure should be followed:***
 - At least 1 QA field assessment shall be conducted per QA period for each REHS authorized.
 - In addition, each REHS that is not authorized but conducting field program requirements within the CLPP Program shall have a QA field assessment.
 - If the LHD has only one REHS authorized in the CLPP Program, or the LHD has no REHS authorized in the CLPP Program, the Environmental Health Regional Specialist may, upon their discretion, conduct field assessments.

QA Field Assessments for the CLPP Program

- QA Field Assessments (optional)

Lead Poisoning Prevention Program Quality Assurance Field Review (Optional)			
Address:	EHS Name:		
NCLEAD Event ID#:	EHS#:		
	Date:		
	QA Reviewer:		
Items Evaluated	IN	OUT	NA
Prior to Investigation			
The County has all the necessary equipment and supplies to complete investigation			
1. Lead Kit bag/box (to secure samples)			
2. Sharpie and pens			
3. Powder free gloves			
4. Shipping and labeling supplies for samples (boxes, packing tape, shipping labels)			
5. Zip lock bags			
6. Clean up wipes/baby wipes (unscented, aloe free)			
7. 1 liter water sampling bottles			
8. Trash bags			

Program QA Timelines & Submissions



QUALITY ASSURANCE SUMMARY CHECKLIST CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Agency Name:	County/District:
Name of QA Leader:	
QA Leader Email:	QA Leader Phone #:
Calendar Year Covered by this Summary:	
Signature of QA Leader:	Date:

- 1. A copy of the current LHD Childhood Lead Poisoning Prevention Program QA policy.
- 2. A summary on letterhead of what QA activities have been accomplished in this calendar year. This summary should include:
 - a. Number of REHS that conduct lead investigations #_____
 - b. Number of QA field assessments that were completed (optional) #_____
 - c. Number of QA file reviews that were completed #_____
 - d. Approximately how many lead investigations occurred during the QA period #_____
- 3. A copy of the documentation for each file review form completed including NCLEAD Checklist. Indicate who performed the file reviews.
- 4. (Optional) A copy of the documentation for each field assessment form. Indicate who performed field assessments.
- 5. Currently operating under a Program-directed CAP (corrective action plan)? _____ YES _____ NO
If yes, include a detailed explanation of the work completed to achieve compliance with the CAP in the summary details.

**Once completed, send this form with all the requested information above to your Regional Environmental Health Specialist.

QA PROGRAM DOCUMENTATION REQUIRED

- QA Summary Checklist (Fillable)
- Individual REHS Program file review and field assessment worksheets.
- Or Excel Workbook

QA Program Regional Review

Environmental Health Regional Specialists shall review the yearly submission of QA reports and documentation.

Environmental Health Regional Specialists may also conduct periodic field assessments or file reviews in accordance with the DPH accreditation procedures.

Documentation of these assessments along with documentation submitted yearly by the LHD QA leader shall become part of the LHD accreditation program review.

The LHD may choose to incorporate file review and field assessment reports completed by the Environmental Health Regional Specialist as part of their required QA submission.



QA PROGRAM QUESTIONS