

# Children's Environmental Health 2025

Virtual Educational Meeting #2

June 3, 2025





## Environmental Health

Emergency Preparedness and  
ResponseFood Protection and Facilities  
BranchChildren's Environmental  
HealthCentralized Intern Training &  
AuthorizationHealth Hazards Control Unit  
[Asbestos & Lead-Based  
Paint]On-Site Water Protection  
Branch

## Topics A-Z

## Contacts

## Quick Links

[Environmental Health Staff by  
County \(PDF, 1.6 MB\)](#) **Updated  
2024**

[Regional Staff Territories \(PDF, 165  
KB\)](#) **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 \(PDF, 165 KB\)](#) **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](#)
- [Training and Regional Meeting Information](#)
- [Child care operators training](#)
- **03/07/24:** [Memo re: Water testing at child care centers located at public schools](#)
- **06/03/24:** [Memo on Funding and Enrollment at child care centers and public schools](#)

### Related Sites

- [National Resource Center for Health and Safety in Child Care and Early Education](#)
- [N.C. Division of Child Development](#)

### North Carolina Childhood Lead Poisoning Prevention Program (CLPPP)

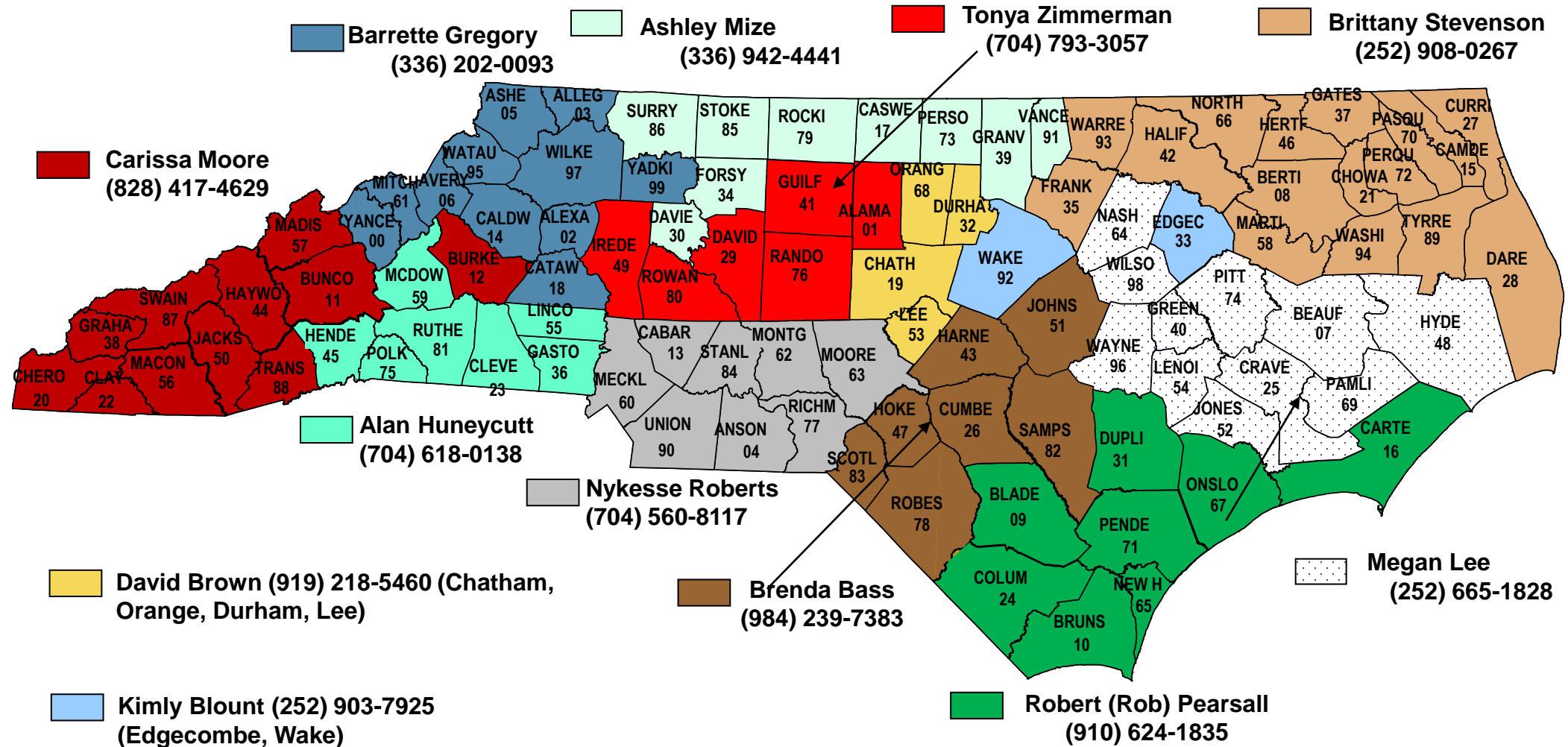
The North Carolina Childhood Lead Poisoning Prevention Program (CLPPP) currently coordinates clinical and environmental services aimed at eliminating childhood lead poisoning. NC CLPPP also

### Highlights

- **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](#)
- **11/8/21:** [Recall of LeadCare Blood Lead Test Kits](#)
- **06/24/21:** [Child Care Strong NC Public Health Toolkit](#)
- **01/29/21:** [Serving Local Foods in NC Child Care Centers Guidance](#)
- **09/28/20:** [FAQs for amendment to Rule 15A NCAC 18A .2816 \(water lead testing in licensed child care centers\)](#) (PDF, 234 KB)
- **05/20/20:** [Short-term Actions to Prevent Exposure to Lead](#) (PDF, 327 KB)
- **05/20/20:** [Medidas a corto plazo para prevenir la exposición al plomo](#) (PDF, 373 KB)
- [Lead in Balguti Kesaria and Other](#)

# Children's Environmental Health Program

## Environmental Health Staff Regions



**Beaufort County**

Brittany  
Stevenson

**Megan Lee's  
Territory Coverage  
Transition**

**Craven County**

Robert Pearsall

**Green County**

Brittany  
Stevenson

**Hyde County**

Brittany  
Stevenson

**Jones County**

Robert Pearsall

**Lenoir County**

Brittany Stevenson

**Nash County**

Kimly Blount

**Pamlico County**

Robert Pearsall

**Pitt County**

Brittany  
Stevenson

**Wayne County**

Brenda Bass

**Wilson County**

Kimly Blount

# **2025 CEH Training**

**Lead Poisoning Prevention SOP**

**September 3<sup>rd</sup> -5<sup>th</sup>, 2025 location (Asheboro)**

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**Child Care SOP**

**November 5<sup>th</sup>-7<sup>th</sup>, 2025 location (Greenville)**



**Virtual Lead Training for Authorized Agents**

***"I'm Authorized, Now What?" (Nov 19<sup>th</sup> & 20<sup>th</sup> )***

**CIT Dates For Child Care/Schools:**

**June 16<sup>th</sup>-17<sup>th</sup>      October 20<sup>th</sup>-21<sup>st</sup>**

**ARPA Related Webinars for Counties: Monthly 3<sup>rd</sup> Tuesday**



# Child Care Sanitation .2800 Rules

- \*Child Care FAQs & Rule Interpretations
- \*CDI & General Comment Concerns
- \*Provisional Classification Requirements
- \*Kitchen Chemical Storage for Cafeterias
- \*Child Care Plan Review





# Child Care Sanitation .2800 Rule



## FAQs

# Are Bolt Locks/Slide Bolt Locks approved to be used in a Child Care Center?

***Answer :*** *Section 1010.1.9.4 “Bolt locks” of the North Carolina Building Code prohibits use of these types of locks*

*Manually operated bolt locks or surface bolts are not allowed*

*Do we mark this on a sanitization inspection: No*

*Recommended Action: Comment on the addendum that these type locks are being used and inform DCDEE immediately. Encourage the operator to reach out to their building code inspector for guidance.*





# CHILD CARE FAQs

**Question:** Are Air Fryers allowed to be used in a Child Care Center?

**Answer:** All commercial factory-built appliances should be tested, listed and labeled; at this time, DOI can not recommend the use of these unlisted/untested or unlabeled Air Fryers in a commercial kitchen.

# Are air fryers approved for child care use?

- According to the Department of Insurance the answer is NO
- 2810 (e) A commercial hood shall be installed in accordance with G.S. 110-91 when frying is used for food preparation on-site at the child care center.

**Guidance:** Treat an Air Fryer just like a “**fryer**” it has the possibility of releasing vapors, hot steam and white smoke.



## .2804 Food Supplies (k) Lunches from Home

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**Rule allows:** Hot foods that a child brings from home to the child care center in **double-walled, insulated thermos containers** may be stored outside of refrigeration at the child care center with the **written permission** of the child's parent or guardian.





## Question: Can this new technology be used in lieu of the double walled insulated thermos containers and meet requirement of the rule? NO

*.2804(k) Hot foods that a child brings from home to the child care center in double-walled, insulated thermos containers may be stored outside of refrigeration at the child care center with the written permission of the child's parent or guardian.*



This rule refers only to hot foods brought from home in double walled insulated containers. However, the product was reviewed independently of the rule to see if it could be used.

Reviewed by Dept of Insurance

- Battery operated (No)
- Electric plug in (conditional approval: plug directly into an outlet)

Reviewed by Children's Env Health

- Acts more as an oven/cooking device versus a lunchbox
- Major burn hazard concern if served directly to children from the device
- Cannot be plugged in classrooms



# HVAC Condensation Discharge

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## Reminder: HVAC Discharge

Concern that children were drinking/playing in water from condensation lines being discharged on play areas.

Determined that condensation lines from HVAC equipment is considered utility equipment.

2832(a) Wells, grease traps, cisterns and utility equipment shall be made inaccessible to children. Work with centers to bring them in compliance.



# FOAM PARTIES AT CHILD CARE CENTERS?

## Variables To Consider

Outdoor Setting

Supervision

Age Restrictions

non-potty-trained kids

Soap- eye irritation

Clean up



**Guidance:** Refer to DCDEE for approval  
and other restrictions

# WATER SLIDES And SPRINKLERS AT CHILD CARE CENTERS?

*15A NCAC 18A .2833 SWIMMING AND WADING POOLS (a) At child care centers, swimming and wading pools shall be designed, constructed, operated, and maintained in accordance with the rules in **Section .2500 of this Subchapter**. (b) Portable wading pools, natural bodies of water, and unfiltered water that is not potable shall not be utilized for children's recreation activities.*



Any artificial body of water, such as a portable wading pool, when used for the public, such as when used at a licensed childcare center, would constitute a public pool. All public pools:

1. Require a permit - NCGS 130A-281; and
2. Must be equipped with a water circulation, filtration, and disinfection system. .2515

If activities such as slip and slides and sprinklers do not involve the impounding of water and allow the potable water to flow to waste such that the water is not pooled or recirculated, those activities would not meet the definition of a public pool and as such would be exempt from the requirements of the .2500 rules.

**Further Guidance:** Refer facility to DCDEE for other approvals and other restrictions.



# Mosquito Repellants in child care settings?

Researched by CEH:

Based on the various brands that we have evaluated, our recommendation is that they not be used in the child care setting due to the numerous age restrictions and warnings.

This includes bracelets, stickers, necklaces, etc.



**Guidance:** Refer to DCDEE for approval and other restrictions



# RAW MILK IN CHILD CARE CENTERS



- BEING SENT TO CENTERS AS SPECIALITY MILK
- (27) "Milk Products" means as defined in Section 1 of the 2017 Grade "A" Pasteurized Milk Ordinance, including subsequent amendments and editions, established by the U.S. Department of Health and Human Services, Food and Drug Administration, which is hereby incorporated by reference
- .Purchased from South Carolina
- Educate Operators



# WHEN IS WATER, WATER?

*Rule 2804(i) states: A water bottle that a child brings to the child care center from home and that is used only for water consumption by that child shall be exempt from the requirements of Paragraph (h) of this Rule. Instead, the water bottle shall be labeled with the name of the child to whom the water bottle belongs, individually stored in the child's cubby, and sent home with the child at the end of the day*

Question: Does this include flavored water also?

Answer: **No** Flavored drinks are to be treated as “other beverages” brought from home and shall comply with paragraph (h) of 2810.



# **New Issues 2025**

**Centers located in a residence numbers have increased from 13 to 15. We are addressing this through a position statement until the rules can be changed.**





# Child Care Continuing Issues 2025



## **.2819 DIAPERING AND DIAPER CHANGING FACILITIES**

- (d) Previous Rule: Childcare center employees shall change a child's diaper as follows:
- (5) wiping hands with a disposable towelette or moistened paper towel.

\*Previous rule did not indicate whose hands had to be wiped. Revised rule states that both the employee and child's hands must be wiped in step 5.



Revised Rule: Childcare center employees shall change a child's diaper as follows:

- (5) wiping the childcare center employee's hands and the child's hands each with a separate disposable towelette or moistened paper towel;

# Chemical Storage Locked Bathrooms

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A locked bathroom door **does not** meet the requirement for chemical storage of hazardous products.

A locked employee's restroom **does not** meet the requirement for chemical storage of hazardous products.

## Chemical Storage Child Care Offices/Foyers/Entrances/Sick Areas

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Open office doors  
Space in Open Foyer  
Entrances including desk areas  
Office space used as sick area

**Must** meet the requirement for chemical storage of  
hazardous products

There is a reluctance by EHS to inspect these areas

However, chemicals are often improperly stored in these  
areas

## Hot Water Accessibility Issue Bottle Warmers

*.2810 (f)(2) if bottles are warmed, bottles shall be warmed in the child care center's kitchen or food preparation area. Bottle warming equipment shall be kept out of reach of children. Microwaves and slow cookers shall not be used to thaw or warm human milk, baby food, formula, or other bottled beverages meant for consumption by children. Bottles shall be warmed by placing bottles under running potable water or in containers of potable water or by using bottle warming equipment that is used in accordance with the manufacturer's instructions. Temperature restrictions listed in Rule .2815(e) of this Section do not apply to equipment manufactured specifically for bottle warming. If other bottle warming methods are used in food preparation areas, compliance with temperature restrictions listed in Rule .2815(e) of this Section is required*



**Questions?**

# General Comments & CDI

CEH STAFF

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## COMMENT ADDENDUM

Observed unused bottles of milk from home being stored at room temperature on countertop. Several bottles temped between 57 and 62 degrees. Bottles have been observed on the countertop since the start of the inspection. Never refrigerated. CDI. Bottles were placed in kitchen refrigerator. *2804(k) Lunches, snacks, and other meals containing potentially hazardous foods shall be refrigerated at 45 degrees Fahrenheit or below and stored in the child care center kitchen or approved food preparation area.*

Observed chemical aerosol cans, house paint, grease lightning, multi purpose cleaners throughout the center..*2820(b) Toxic substances, which include corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product which is under pressure in an aerosol dispenser, and any substance which may be hazardous to a child if ingested, inhaled, or handled shall be kept in the original container or in another labeled container, used according to the manufacturer's instructions, and stored in a locked storage room or cabinet when not in use. CDI. Chemicals were locked.*

Observed heavily stained and frayed carpet in 3-year-old classroom. *.2824(b) Floors and floor coverings in sleeping and play areas shall be kept clean and in good repair.*

Observed operator during diaper change did not spray disinfectant on diaper surface after cleaning step. Educated operator. *.2819(c) Diapering surfaces shall be disinfected using an approved disinfectant.*

Observed toy chest in the OLE play area with built up dirt and debris..*2832(c)(1) (c) For outdoor toys and play equipment, including all structures accessible to children, Equipment and toys shall be kept clean, in good repair, and free of peeling, flaking, or chalking paint, rust, and corrosion.*

QUESTION: BASED ON THE COMMENTS ON THE ADDENDUM, WHAT DO YOU ASSUME IS THE SANITIZATION CLASSIFICATION OF THIS CENTER?

HANDWASHING: .2803, .2836		
1.	Handwashing when required	5
2.	Proper handwashing procedure	5
FOOD: .2804, .2806, .2807, .2808, .2810, .2818, .2836		
*3.	From approved sources, not a hazard or adulterated	6
*4.	Potentially hazardous foods meet storage and holding temperatures; bottles, lunches refrigerated at 45° F or below	6
5.	Food properly stored, thawed, prepared, cooked, cooled, handled, served, transported, packaged and identified; only supervised children in kitchen; water from a handwash lavatory not consumed or used for bottle warming	5
6.	Not re-served	3
7.	Thermometers provided, accurate	2
FOOD SERVICE EQUIPMENT & UTENSILS AND SANITIZING: .2806, .2809, .2810, .2812, .2814		
*8.	Meets specifications for refrigeration, sinks, lavatories and dishwashing equipment	6
9.	Meets specifications for other equipment and utensils, approved material and construction	4
10.	Food contact surfaces properly washed, rinsed, sanitized and air dried; single-service articles not re-used	5
11.	Approved sanitizing solution provided; test kit available	2
12.	Equipment, non-food contact surfaces clean; in good repair	4
13.	Proper storage and handling of clean equipment, utensils and single-service articles	3
WATER SUPPLY & DRINKING WATER FACILITIES: .2815, .2836		
*14.	Water supply meets 15A NCAC 18A .1700 and 15A NCAC 18C if applicable; documentation provided	6
*15.	Hot water supplied and maintained in the kitchen	6
16.	Hot water supplied and tempered water maintained as required in all other areas	4
*17.	Hot water in excess of 120°F not allowed in areas accessible to children	6
18.	Backflow prevention provided, no cross connections	3
19.	Approved drinking fountains, pressure regulated, clean	2
LEAD POISONING HAZARDS: .2816		
*20.	No identified lead poisoning hazards in accordance with NCGS 130A-131.7(7); date water tested: _____	6
TOILET AND LAVATORY FACILITIES: .2817, .2818, .2836		
21.	Properly sized, located, accessible, and in good repair; sinks, toilets and potty chairs cleaned and disinfected; proper change of use procedure	4
22.	Soap, approved hand drying devices, toilet tissue paper available	3
23.	Approved storage in toilet rooms, lavatories free of storage; hand wash signs posted	2
DIAPER CHANGING FACILITIES AND DISINFECTION: .2812, .2817, .2818, .2819; .2820, .2836		
*24.	Approved facilities as needed	6
*25.	Diapering surfaces cleaned and disinfected after each use	6
26.	Approved cleaning solution and approved disinfectant provided; test kit available when required	2
27.	Free of storage and in good repair; cleaning and disinfecting solutions labeled; approved diapering methods used; approved floor barrier; diaper changing and handwash signs posted	4

STORAGE: .2820		
*28.	Medications properly stored	6
*29.	Hazardous products properly stored and locked	6
30.	Non-hazardous products properly stored	3
31.	Facilities provided for proper storage; used and kept clean	2
BEDS, COTS, MATS AND LINENS: .2821, .2836		
32.	Adequate linen provided and properly stored; adequate beds, cots, mats provided, in good repair, properly stored, labeled, spaced during use	3
33.	Linen, bedding, wash cloths, bibs, burping cloths laundered, and in good repair	3
TOYS, EQUIPMENT, FURNITURE: .2822, .2836		
34.	Clean and in good repair; cleaning, sanitization and maintenance of water play centers	4
35.	Mouth-contact surfaces cleaned and sanitized in rooms designated for children who are not toilet trained	4
PERSONNEL: .2807, .2823		
36.	Child care center employees wearing gloves, clean clothes, hair restraints where required; no tobacco use	2
FLOORS, WALLS & CEILINGS: .2824, .2825, .2832, .2836		
37.	Easily cleanable, clean, and in good repair; carpets vacuumed as required and extraction cleaned; date cleaned: _____	4
LIGHTING AND THERMAL ENVIRONMENT: .2826		
38.	Room temperature between 65° F and 85° F	3
39.	Equipment clean and in good repair; maintained as required	2
COMMUNICABLE DISEASE CONTROL: .2827, .2836		
*40.	People with a communicable disease or condition excluded in accordance with 10A NCAC 41A .0200	6
41.	People caring for sick or mildly ill children excluded from situations in which disease transmission likely to occur; proper written cleanup procedure followed for vomiting or diarrheal events	4
42.	Designated area for sick children; maintained as required; written procedures for vomiting or diarrheal events	2
WASTEWATER: .2829		
*43.	Approved sewage disposal	6
SOLID WASTE: .2830, .2836		
44.	Solid waste properly handled; containers and cleaning equipment kept clean; can cleaning facilities adequate	2
ANIMAL & VERMIN CONTROL, OUTDOOR LEARNING ENVIRONMENT & PREMISES: .2831, .2832		
*45.	Pesticides properly used; no new installation of CCA pressure-treated wood	6
46.	CCA pressure-treated wood sealed; date sealed: _____; soil covered or inaccessible	2
47.	No animals in food preparation areas and no unrestrained animals except as allowed; no prohibited animals; required veterinary records available and current	3
48.	Pest control; premises free of conditions that harbor or attract pests	3
49.	Premises clean and free of standing water; utility equipment inaccessible; equipment and toys clean and in good repair; sandboxes properly constructed, clean and covered; adherence to air quality forecast quality forecast outdoor activity restrictions when applicable	2
SWIMMING & WADING POOLS: .2833		
*50.	Designed, constructed, operated and maintained in accordance with 15A NCAC 18A .2500	6



## Sanitation Standards Evaluation Form for Child Care Centers

Demerits: 6

Classification: ☒ Superior ☐ Approved ☐ Provisional ☐ Disapproved

Establishment Name: \_\_\_\_\_ Operator: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: North Carolina

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Current Facility ID#: \_\_\_\_\_ Telephone: \_\_\_\_\_

Licensing ID#: \_\_\_\_\_ Maximum Capacity: \_\_\_\_\_

### Wastewater System:

☐ Municipal/Community ☐ Onsite System

### Water Supply:

☐ Municipal/Community ☐ Onsite Supply

### Water Sample Taken Today?

☐ Yes ☐ No

Date: \_\_\_\_\_ Status Code: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

- |                                   |   |                                     |
|-----------------------------------|---|-------------------------------------|
| <input type="radio"/> Inspection  | <input type="radio"/> Re-Inspection           | <input type="radio"/> Visit         |
| <input type="radio"/> Name Change | <input type="radio"/> Verification of Closure | <input type="radio"/> Status Change |

**General Comment:** Observed unused bottles of milk from home being stored at room temperatures. Several bottles temped between 57 and 62 degrees. Bottles have been observed on the countertop since the start of the inspection. **CDI.** Bottles were placed in kitchen refrigerator. *2804(k) Lunches, snacks, and other meals containing potentially hazardous foods shall be refrigerated at 45 degrees Fahrenheit or below and stored in the child care center kitchen or approved food preparation area.*

**General Comment:** Observed chemical aerosol cans, house paint, grease lightning, multi purpose cleaners throughout the center..*2820(b) Toxic substances, which include corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product which is under pressure in an aerosol dispenser, and any substance which may be hazardous to a child if ingested, inhaled, or handled shall be kept in the original container or in another labeled container, used according to the manufacturer's instructions, and stored in a locked storage room or cabinet when not in use.* **CDI.** Chemicals were locked.

Observed heavily stained and frayed carpet in 3-year-old classroom. *.2824(b) Floors and floor coverings in sleeping and play areas shall be kept clean and in good repair.* **Demerit 4**

**General Comment:** Observed operator during diaper change did not spray disinfectant on diaper surface after cleaning step. Educated operator. *.2819(c) Diapering surfaces shall be disinfected using an approved disinfectant.*

Observed toy chest in the OLE play area with built up dirt and debris..*2832(c)(1) (c) For outdoor toys and play equipment, including all structures accessible to children, Equipment and toys shall be kept clean, in good repair, and free of peeling, flaking, or chalking paint, rust, and corrosion.* **Demerit 2**

# CDI- What Does It Mean For Child Care?

**CDI** is a specific term used by the food program. It is a box to check on the inspection sheet that has specific meaning and also has guidelines in the food rules and marking instructions explaining exactly when/how to use it and how many points may be taken if the CDI box is checked.

Usually if the violation was corrected during the inspection and that box is checked, the “VR” box wouldn’t be checked because a verification visit wouldn’t be required.

# CDI- What Does It Mean For Child Care?

For Child Care Sanitation, if a provisional is earned due to a 6-point item being marked, the re-inspection is required, even if there was some type of correction during the inspection so this could be misleading, especially when the violation on the inspection isn't clearly documented stating that a re-inspection will occur in 7 days.



# CDI- What Does It Mean For Child Care?

Since the child care rules and inspection sheet do not use this term and do not have a “CDI” box, this term doesn’t mean the same thing for the child care inspections as it does in the food program and child care operators and DCDEE have no education on what it means.

We are asking EHS to spell out this term “during the inspections, so the meaning is clear to the operator and the licensing agency. We always want to try to get the center to correct violations while we’re there, if possible, and we want that documented in the comment. It can be clearly documented in the comment by stating “corrected by...”

# CDI- What Does It Mean For Child Care?

NOTE: Even if the violation is corrected at the time of the inspection, marking the violation in most situations is still warranted and valid.

Issues related to CDI and general commenting provisional items:

- \*Licensing Agency (DCDEE) cannot address the deficiencies based on a “general comment”. Neither can an administrative action be issued based on GCs.
- \*Behavior is often not modified since there is no consequences for the action.
- \*Liability concerns for the EHS that conducted the inspection

## CDI- What Does It Mean For Child Care?

### HD Complaints:

- \*Provisional classification requires another inspection
- \*Reinspection viewed as a waste of time and resources
- \*No financial incentives to conduct these inspections
- \*Nothing to go back and inspect if corrected while conducting the inspection.

Unfortunately, until the law is changed, the required action for provisional classifications is still required.

# CDI- What Does It Mean For Child Care?

We are asking EHS to be mindful of risk factors when conducting the inspections. Ask ourselves the following:

Are you considering the most risk based factors when conducting your inspection?

Are we just conducting “floor, wall, ceiling” type inspections, when there are greater risks present?

Why are inspections noting 2 to 3 times more general comments than actual demerits and violations?

Is this a management approach to decrease the number of inspection visits?

Is there true confusion of what CDI means for Childcare?

More importantly, is this approach safer for one of our most vulnerable populations... our children?

As we move forward, take a look at your programs to see where you are and what you are allowing or requiring of your staff.



# Provisional Status in Child Care

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Brittany Stevenson  
CEH Regional Specialist

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# What does it mean?

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- In North Carolina, a Provisional classification from a sanitation inspection in a child care center means the facility has some non-compliance issues.
- It's a temporary classification that allows the facility time to correct the violations, but the provisional status may be extended or lead to a Disapproved classification if violations aren't addressed.



# How does a center get a Provisional classification?



- The inspection results are based on a demerit system, where points are deducted for violations. Provisional status is assigned when
  - **any** 6-demerit item is violated (this is the most common reason)
  - the total demerit score is more than 30 but not more than 45

# Provisional Status in Child Care

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## 6-demerit Items

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**Any number or total of 6-demerit items that are marked on the Sanitation Inspection Form will result in a Provisional Classification (ex. a center receives ONE 6-demerit item, or receives FIVE 6-demerit items)**

# 6-demerit items on CCC Form is noted by (\*) next to the item number

- \*3. From approved sources, not a hazard or adulterated

\*4. Potentially hazardous foods meet storage and holding temperatures; bottles, lunches refrigerated at 45° F or below

\*8. Meets specifications for refrigeration, sinks, lavatories and dishwashing equipment

\*14. Water supply meets 15A NCAC 18A .1700 and 15A NCAC 18C if applicable

\*15. Hot water supplied and maintained in the kitchen

\*17. Hot water in excess of 120°F not allowed in areas accessible to children

\*20. No identified lead poisoning hazards in accordance with NCGS 130A-131.7(7); date water tested: \_\_\_\_\_

\*24. Approved facilities as needed

\*25. Diapering surfaces cleaned and disinfected after each use
- \*28. Medications properly stored

\*29. Hazardous products properly stored and locked

\*40. People with a communicable disease or condition excluded in accordance with 10A NCAC 41A .0200

\*43. Approved sewage disposal

\*45. Pesticides properly used; no new installation of CCA pressure treated wood

\*50. Designed, constructed, operated and maintained in accordance with 15A NCAC 18A .2500

		Demerits
STORAGE: .2820		
*28.	Medications properly stored	8
*29.	Hazardous products properly stored and locked	8



# What do I do when a center receives a provisional classification?

- Make sure the “Provisional” Status is marked on the inspection form and the grade card
- Leave the Provisional grade card in the designated located of the center
- Forward a copy of the inspection to the center’s child care consultant

**Sanitation Standards Evaluation Form for Child Care Centers** **Demerits: \_\_\_\_\_**

Classification: ☐ Superior ☐ Approved ☐ Provisional ☐ Disapproved

**Establishment Name:** \_\_\_\_\_ **Operator:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Status Code:** \_\_\_\_\_

# Once a center is “put in provisional” do I have to go back?

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- Yes.
- The provisional classification period shall not exceed seven days unless construction or renovation is necessary to correct any violation, in which case the Department may specify a longer provisional classification period.
  - This means you should return to the center AFTER the 7 day classification period.
  - If you go back prior to the 7 days, and the provisional item is not corrected, you will have to return AGAIN after the 7 day time period

# How do I know how long to give the center if construction or renovation is required?

- Using your professional judgement, based on the construction or renovation needs, you will determine a reasonable time period for the provisional item(s) requiring the construction or renovation.



Normally a 2 week to 30-day period is accessed for construction issues. Be clear in your documentation and the comment addendum how much time is being granted for the constructional provisional period.

Lead remediation timeframes will be longer and fall within the timeframe guidance of the .3100 Rules ( Childhood Lead Poisoning Prevention)





# The Re-inspection

- You must conduct a FULL INSPECTION when you return to complete the re-inspection.
- A new grade card must be issued and posted
- Forward a copy of the re-inspection to the child care consultant

Establishment Name: _____		Operator: _____	
Location Address: _____		Date: _____ Status Code: _____	
City: _____ State: North Carolina		Time In: _____ Time Out: _____	
Zip: _____ County: _____		<input type="radio"/> Inspection <input type="radio"/> Re-Inspection <input type="radio"/> Visit	
Current Facility ID#: _____ Telephone: _____		<input type="radio"/> Name Change <input type="radio"/> Verification of Closure <input type="radio"/> Status Change	
Licensing ID#: _____ Maximum Capacity: _____			
Wastewater System: <input type="radio"/> Municipal/Community <input type="radio"/> Onsite System		Water Supply: <input type="radio"/> Municipal/Community <input type="radio"/> Onsite Supply	
		Water Sample Taken Today? <input type="radio"/> Yes <input type="radio"/> No	
<b>Demerits</b>		<b>Demerits</b>	
<b>HANDWASHING: .2803, .2836</b>		<b>STORAGE: .2820</b>	
1. Handwashing when required 5		*28. Medications properly stored 6	
2. Proper handwashing procedure 5		*29. Hazardous products properly stored and locked 6	
<b>FOOD: .2804, .2806, .2807, .2808, .2810, .2818, .2836</b>		30. Non-hazardous products properly stored 3	
*3. From approved sources, not a hazard or adulterated 6		31. Facilities provided for proper storage; used and kept clean 2	
*4. Potentially hazardous foods meet storage and holding temperatures; bottles, lunches refrigerated at 45° F or below 6		<b>BEDS, COTS, MATS AND LINENS: .2821, .2836</b>	
5. Food properly stored, thawed, prepared, cooked, cooled, handled, served, transported, packaged and identified; only supervised children in kitchen; water from a handwash lavatory not consumed or used for bottle warming 5		32. Adequate linen provided and properly stored; adequate beds, cots, mats provided, in good repair, properly stored, labeled, spaced during use 3	
6. Not re-served 3		33. Linen, bedding, wash cloths, bibs, burping cloths laundered, and in good repair 3	
7. Thermometers provided, accurate 2		<b>TOYS, EQUIPMENT, FURNITURE: .2822, .2836</b>	
<b>FOOD SERVICE EQUIPMENT &amp; UTENSILS AND SANITIZING: .2806, .2809, .2810, .2812, .2814</b>		34. Clean and in good repair; cleaning, sanitization and maintenance of water play centers 4	
*8. Meets specifications for refrigeration, sinks, lavatories and dishwashing equipment 6		35. Mouth-contact surfaces cleaned and sanitized in rooms designated for children who are not toilet trained 4	
9. Meets specifications for other equipment and utensils, approved material and construction 4		<b>PERSONNEL: .2807, .2823</b>	
10. Food contact surfaces properly washed, rinsed, sanitized and air dried; single-service articles not re-used 5		36. Child care center employees wearing gloves, clean clothes, hair restraints where required; no tobacco use 2	
11. Approved sanitizing solution provided; test kit available 2		<b>FLOORS, WALLS &amp; CEILINGS: .2824, .2825, .2832, .2836</b>	
12. Equipment, non-food contact surfaces clean; in good repair 4		37. Easily cleanable, clean, and in good repair; carpets vacuumed as required and extraction cleaned; date cleaned: 4	
13. Proper storage and handling of clean equipment, utensils and single-service articles 3		<b>LIGHTING AND THERMAL ENVIRONMENT: .2826</b>	
<b>WATER SUPPLY &amp; DRINKING WATER FACILITIES: .2815, .2836</b>		38. Room temperature between 65° F and 85° F 3	
*14. Water supply meets 15A NCAC 18A .1700 and 15A NCAC 18C if applicable; documentation provided 6		39. Equipment clean and in good repair; maintained as required 2	
*15. Hot water supplied and maintained in the kitchen 6		<b>COMMUNICABLE DISEASE CONTROL: .2827, .2836</b>	
16. Hot water supplied and tempered water maintained as required in all other areas 4		*40. Persons with a communicable disease or condition excluded in accordance with 10A NCAC 41A .0200 6	
*17. Hot water in excess of 120°F not allowed in areas accessible to children 6		41. Persons caring for sick or mildly ill children excluded from situations in which disease transmission likely to occur; proper written cleanup procedure followed for vomiting or diarrheal events 4	
18. Backflow prevention provided, no cross connections 3		42. Designated area for sick children; maintained as required; written procedures for vomiting or diarrheal events 2	
19. Approved drinking fountains, pressure regulated, clean 2		<b>WASTEWATER: .2829</b>	
<b>LEAD POISONING HAZARDS: .2816</b>		*43. Approved sewage disposal 6	
*20. No identified lead poisoning hazards in accordance with NCGS 130A-131.7(7); date water tested: 6		<b>SOLID WASTE: .2830, .2836</b>	
<b>TOILET AND LAVATORY FACILITIES: .2817, .2818, .2836</b>		44. Solid waste properly handled; containers and cleaning equipment kept clean; can cleaning facilities adequate 2	
21. Properly sized, located, accessible, and in good repair; sinks, toilets and potty chairs cleaned and disinfected; proper change of use procedure 4		<b>ANIMAL &amp; VERMIN CONTROL, OUTDOOR LEARNING ENVIRONMENT &amp; PREMISES: .2831, .2832</b>	
22. Soap, approved hand drying devices, toilet tissue paper available 3		*45. Pesticides properly used; no new installation of CCA pressure-treated wood 6	
23. Approved storage in toilet rooms, lavatories free of storage; hand wash signs posted 2		46. CCA pressure-treated wood sealed; date sealed: _____; soil covered or inaccessible 2	
<b>DIAPER CHANGING FACILITIES AND DISINFECTION: .2812, .2817, .2818, .2819, .2820, .2836</b>		47. No animals in food preparation areas and no unrestrained animals except as allowed; no prohibited animals; required veterinary records available and current 3	
*24. Approved facilities as needed 6		48. Pest control; premises free of conditions that harbor or attract pests 3	
*25. Diapering surfaces cleaned and disinfected after each use 6		49. Premises clean and free of standing water; utility equipment inaccessible; equipment and toys clean and in good repair; sandboxes properly constructed, clean and covered; adherence to air quality forecast quality forecast outdoor activity restrictions when applicable 2	
26. Approved cleaning solution and approved disinfectant provided; test kit available when required 2		<b>SWIMMING &amp; WADING POOLS: .2833</b>	
27. Free of storage and in good repair; cleaning and disinfecting solutions labeled; approved diapering methods used; approved floor barrier; diaper changing and handwash signs posted 4		*50. Designed, constructed, operated and maintained in accordance with 15A NCAC 18A .2500 6	

\*Indicates critical item (6-demerits)

Signed: \_\_\_\_\_ REHS#: \_\_\_\_\_ Received By: \_\_\_\_\_

Classification: Superior – 0-15 demerits, no 6-point demerit; Approved – 16-30 demerits, no 6-point demerit; Provisional – 31-45 demerits, or any 6-point demerit; Disapproved – 46 or more demerits, or failure to improve. Provisional classification – An original and two copies of this form shall be completed by local Environmental Health Specialists at each inspection. The original is sent to the Division of Child Development and Early

# What do I do if the center receives ANOTHER provisional on the re-inspection?

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It depends:

- If the ORIGINAL provisional item is still out of compliance, the center will then be placed in a Disapproved status.
- If another (different from the initial inspection) provisional item is now marked, the center will stay in Provisional status, and you will have to complete another re-inspection for that item.
- If multiple provisional items were marked on the initial inspection, and ANY of them are still not in compliance, the center will be placed in Disapproved status.

**Questions?**





# Chemical Storage in Child Care Center Cafeteria Kitchen

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CARISSA MOORE

# Chemical Storage in the Kitchen

What does the rule say?

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- .2820(b) Toxic substances.....shall be....stored in a **locked storage room or cabinet** when not in use. Locked storage rooms and cabinets shall include those which are unlocked with a combination lock, electronic or magnetic device, keypad, key, or equivalent locking device.
- .2820(e) A **locked kitchen is not considered to be a locked storage room or cabinet** for the purposes of this Rule

Explanation

- Even if the kitchen is locked, items in the kitchen that are required to be locked must be in a separate locked storage room or cabinet within the locked kitchen.

## Centers Located Within a School

What does the rule say?

- 2820(e) A locked kitchen is not considered to be a locked storage room or cabinet for the purposes of this Rule;
- However, for child care centers that are located within a school and that use the school cafeteria's kitchen to meet the kitchen requirements of the rules of this Section, it shall not be a violation of this Rule to store products described in Paragraphs (a)-(d) of this Rule unlocked in the cafeteria's kitchen,
- Provided that the kitchen is kept locked
- Children are not permitted in the kitchen for any purpose

# Centers Located Within a School continued...

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## **Explanation:**

- Kitchen doors must be **‘locked’** with a device approved by the local building/fire code inspector or Fire Marshal’s Office
- A restriction must be placed on the license by DCDEE prohibiting children from being in the kitchen for any purpose

If both conditions are not attainable then hazardous products must be stored in accordance with Administrative Rule 15A NCAC 18A .2820.

For compliance issues, local Registered Environmental Health Specialists should have child care centers contact their local building/fire code inspector or Fire Marshal’s Office to determine how to appropriately lock kitchen doors. Child care operators should also contact DCDEE to request the license restriction.

## Question: For service lines that go inside the cafeteria, would this policy apply?

- NO
- This policy requires no access or activity in the kitchen for these programs. If a licensed Pre-K Program eats in the cafeteria and goes through a service line that makes the kitchen accessible, then rule cannot apply to this situation.

*.2820(e) A locked kitchen is not considered to be a locked storage room or cabinet for the purposes of this Rule; however, for child care centers that are located within a school and that use the school cafeteria's kitchen to meet the kitchen requirements of the rules of this Section, it shall not be a violation of this Rule to store products described in Paragraphs (a)-(d) of this Rule unlocked in the cafeteria's kitchen, provided that the kitchen is kept locked and children are not permitted in the kitchen for any purpose*

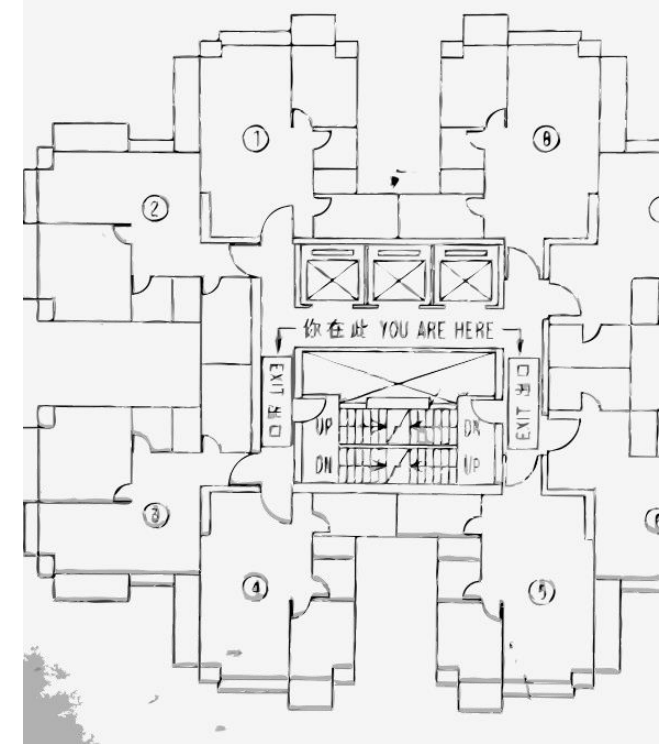


**Question: Are chemicals that are attached to sinks and dishwashers in the kitchen required to be stored locked?**

- NO
- These chemicals are considered in “continuous use”

**Other Questions?**





# CHILDREN'S ENVIRONMENTAL HEALTH PLAN REVIEW

Robert Pearsall, CEH Regional Specialist

# CEH PLAN REVIEW

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**15A NCAC 18A .2802** (a) Construction plans drawn to scale and specifications for prototype chain or franchise child care centers shall be submitted to DHHS, Division of Public Health, Environmental Health Section by mail at 5605 Six Forks Road, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632.

Or electronic submittal can be sent to [CEHChildcarePlanReview@dhhs.nc.gov](mailto:CEHChildcarePlanReview@dhhs.nc.gov)

**15A NCAC 18A .2801** (3) "Chain or Franchise Child Care Center" means a child care center that operates under the same business name and prototype design concept, with common ownership or management, as nine or more other child care centers pursuant to a franchise agreement under the same franchisor as nine or more other child care centers.

# CEH PLAN REVIEW

## APPROVAL OF CONSTRUCTION AND RENOVATION PLANS

Plan Submittal for Construction	Local Health Dept.	DHHS
<b>New</b> Chain/Franchise Center		<b>✓</b>  DHHS: 5605 Six Forks Road 1632 Mail Service Center, Raleigh, NC 27699- 1632
<b>Existing</b> Chain/Franchise Center (modifications)	<b>✓</b>	
<b>New</b> NON Chain Center	<b>✓</b>	
<b>Existing</b> NON Chain Center (modifications)	<b>✓</b>	

# CEH PLAN REVIEW

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Question: If a center is bought out by a franchise but using existing structure, would that be reviewed by the county or state?

Answer: **County.** The franchise would be using the existing structure already reviewed by the county, and therefore the county would review any modifications to the center.

# CEH PLAN REVIEW TEAM

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A Plan Review Team was created to address the review and approval of "Chain or Franchise Child Care Centers"

This team consist of :

- Robert Pearsall (Team Leader)
- Brittany Stevenson
- Ashley Mize
- Megan Lee



# CEH CHILD CARE PLAN REVIEW

## Chain or Franchise Child Care Center Application

Complete this application for submittal of construction plans drawn to scale and specifications for a new Chain or Franchise Child Care Center.

Per 15A NCAC 18A .2802, construction plans drawn to scale and specifications for prototype chain or franchise child care centers shall be submitted to DHHS, Division of Public Health, Environmental Health Section. For submittal instructions, contact the Environmental Health Section of the Local Health Department that serves the county in which the child care center is located.

**Plan review and approval is required prior to initiating construction.**

Name of Proposed Child Care \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Number of National locations \_\_\_\_\_ Number of North Carolina locations \_\_\_\_\_

Owner or Owner's Representative: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Operator/Director contact: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### General Information

Projected Start Date of Project: \_\_\_\_\_ Projected Opening Date: \_\_\_\_\_

Have you contacted NC DCDEE Licensing? YES/NO Name of contact: \_\_\_\_\_

Proposed maximum capacity of center- Children: \_\_\_\_\_ Staff: \_\_\_\_\_

List age groups & number of classrooms per group:

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# CEH CHILD CARE PLAN REVIEW

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When chain or franchise center plans are submitted, the LHD will be notified via email that plans were received and being reviewed by the State.

LHD review or feedback is welcomed.

Once plan review is complete, all submitted information and approval letter will be forwarded to the LHD.

If LHD is contacted by chain or franchise center, please refer them to the State for plan submission and review.

# CEH CHILD CARE PLAN REVIEW

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The Plan Review Team is in the process of creating plan review training for local HDs to cover issues such as:

- Sink requirements
- Food preparation areas
- Diaper changing stations
- Water heater sizing
- Kitchen equipment
- Storage
- OLE

Stay Tuned!

# Lead Poisoning Prevention Update



# NC Lead Updates Uploading Documentation for COF

The Division of Public Health is requesting that authorized local health department lead agents upload needed lead information into NCLEAD for each facility. **(April 29, 2022)** This includes:

- the lead inspection or investigation report
- XRF data including (calibration data)
- lab results for soil, dust, and paint chips
- an approved remediation plan
- final clearance data from the lab noting that clearance has

successfully passed

- the letter or email from the environmental health specialist (verification letter)





# Lead Investigation Reports

- **After investigation report draft is completed and sent to the County by regional staff:**  
the investigation report is reviewed and put on letterhead.

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County EHS should prepare and send appropriate Notices, Final Investigation Report, signed, along with appropriate attachments.
- **Issue:** Turnaround time to send report and documentation is greatly exceeding the 2-week designated timeframe to send reports out once received from Regional Specialist.
- Regional is to send draft report to LHD within 30 days of the county attaching state lab results to NC Lead and notifying Regional.
- Document in NCLead when report is sent.



# Lead Poisoning Prevention .3100

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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)



# Lead Investigation Collaboration

## ONCE CASE IS IDENTIFIED

- Workflow (weekly)
- EBL vs CLP

## SETTING UP THE INVESTIGATION

## INVESTIGATION

## NOTIFICATION

## REMEDIATION

## CLEARANCE

## ANNUAL MONITORING





# Lead Investigation PROTOCOL

## IDENTIFYING THE CASE

- Workflow (weekly)
- EBL vs CLP

## Refusals

## Unable to Locate (2 attempts)

## Failure to Respond (2 attempts)

- Phone call
  - Letter
  - Site visit\*\*\*
- 
- Make documentation in NC LEAD



# Identifying the Case

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## COUNTY

Monitor Workflow (weekly)

Determine requirements for EBLs versus CLP cases

Ensure that documentation is entered in NC LEAD

## STATE

Follow-up on offering of investigations before removing from Workflow

Monitor County workflows for case activity, offering investigations, unable to locate, etc.

Contact county to resolve inactivity on cases

# Setting up the Investigation

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## COUNTY

Monitor Workflow (weekly)  
Acknowledge Referral of Case  
Create File (Env/Medical)  
Make the initial contact with family  
Offer Investigations for ELB cases  
Set up CLP investigations  
Determine supplemental addresses associated with CLP cases  
Coordinate Investigation with Regional Specialist  
Secure Interpreters If needed  
Document in NC LEAD

## STATE

Coordinate with Local EHS  
Provide dates for Investigations including supplemental addresses



# The Investigation

## COUNTY

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### Conduct Preliminary Activity/Visit

- Interview form 3460
- Diagram
- Collect First Draw Water Sample

- Assist with Investigation

- Record XRF Information
- Assist with Sample Collection
- Send Samples to Lab with appropriate signed chain of custody

- Submit Investigation Information to Regional Specialist

- Relay & discuss results with parent/guardian/operator/owner

## STATE

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### Review/Analyze 3460 & collected information

### Coordinate investigations of Primary & Supplemental Addresses with Local HD

### Conduct XRF Testing

### Conduct Environmental Sampling

### Ensure Proper Labeling of Samples

### Sign chain of custody relinquishing to County

### Relay & Discuss results with parent/guardian

### Recommend Interim Controls and other safety measures

### Create property event & link to the child

# Notification

## COUNTY

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Obtain lab results & attach to NC LEAD property event

Notify Regional Specialist by email of lab results attachment

Review & Send Notifications and Report within **2 weeks** of receiving Investigation Report from Regional Specialist

Document in NC LEAD that Notifications have been sent

Ensure appropriate Notices are sent & timelines adhered to

Ensure follow-up Notices are sent in a timely manner

Document all other information needed in NC LEAD

## STATE

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Obtain Investigation Information from Local EHS

Write the Investigation report

Submit the report to County HD within **30 days** of notification that lab samples have been attached to NC LEAD

Document in NC LEAD information sent to County EHS

Monitor local activity on the specific cases

# Remediation

## COUNTY

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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

# Clearance

## COUNTY

Coordinate clearance inspection with Regional Specialist

Conduct visual verification for new unpainted components

Verify property is ready for clearance

- May require site visit prior to clearance date

- Assist the Regional Specialist with sampling and labeling
- Secure samples and submit to the lab with COC
- Notify owner/occupants of clearance results
- Document in NC LEAD
- Set up annual monitoring in NC LEAD if needed

## STATE

Ensure remediation is conducted according to approved remediation plan

Conduct clearance inspection (visual & sampling)

Ensure proper sampling, proper techniques and protection of surfaces are conducted

Ensure samples are secured and chain of custody is properly filled out with appropriate signature

Review case before approving removal from workflow

# Annual Monitoring (AM)

## COUNTY

Set up annual monitoring if needed in NC LEAD

Send notification 2 months prior to annual monitoring date

Coordinate AM with Regional Specialist

Verify property is ready for AM

- May require site visit prior to sampling date
- Conduct visual verification to see if remediation is still in accordance to approved remediation plan. If not, issue modification order.
- Assist the Regional Specialist with sampling and labeling
- Secure samples and submit to the lab with COC
- Notify owner/occupants of clearance results
- Document in NC LEAD
- Set up annual monitoring in NC LEAD if needed

## STATE

Monitor county activity

Coordinate visit with local EHS

Ensure AM is conducted according to approved remediation plan

Ensure no new potential hazards are present if so verify through sampling and testing

Conduct AM inspection (visual & sampling)

Ensure proper sampling, proper techniques and protection of surfaces are conducted

Ensure samples are secured and chain of custody is properly filled out with appropriate signature

**Questions?**



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# NC Lead Update

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# Clinical Management Update

Ashley Stacy-Boddapati, BSN, RN



# NC Childhood Lead Testing and Follow-Up Manual



Requirements and  
Recommendations

Clinical Risk Assessment  
and Testing Methodology

Follow-Up  
Schedule and  
Education



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

Environmental Health Section • Childhood Lead Poisoning Prevention Program  
<https://ehs.ncpublichealth.com/hhccehb/cehu/index.htm#clppp>  
Updated January 2025

# Updated Clinical Manual

Where to find:

<https://ehs.dph.ncdhhs.gov/hhccehb/cehu/lead/resources.htm>

## Quick Links

[Updated Clinical Follow-Up  
Schedule](#) **Updated 2024**

[N.C. Childhood Lead Testing and  
Follow-Up Manual \(Revised 9/2019;  
PDF, 5.4 MB\)](#)

[Indexed Version of the N.C.  
Childhood Lead Testing and Follow-  
Up Manual](#)

[North Carolina Lead Contacts \(EHS  
CEH with additional state  
resources\) \(PDF, 186 KB\)](#) **Updated  
2024**

[Regional Staff Territories \(PDF, 646  
KB\)](#) **Updated 2024**

<https://nchealthyhomes.com/lead-poisoning/>

## Links

NC Childhood Lead Testing Manual, September 2019 (click for download options)

**\*Updated\*** [NC Childhood Lead Testing Manual, September 2019](#)



# Clinical Lab Update- \*new resource\*

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<https://360.articulate.com/review/content/0fd0cc78-a5b2-4b19-bc67-f45f09661e5d/review>



# Multijurisdictional Repository Project/ Spice Survey

NCLEAD Child ID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
INTERVIEWER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

## Spice and Home Remedy Survey

**Instructions to Interviewers:** Please administer this survey to the child's primary caregiver during a lead investigation when you suspect spices, herbal remedies, or imported drinks may be the child's source of lead exposure. If possible, take pictures of the food labels on the front and back of each product, for any samples you collect. If parent cannot tell you exactly how much of a substance the child eats, please have them show you how they measure it and then you can estimate the amount.

1. Does your child currently drink any **formula**? ☐ Yes ☐ No
2. Is your child currently **breastfeeding**? ☐ Yes ☐ No
3. Does your child currently drink any **tea**? ☐ Yes ☐ No
4. Does your child currently drink any **coffee**? ☐ Yes ☐ No
5. Besides milk or formula, what does your child **eat or drink most often**? \_\_\_\_\_  
\_\_\_\_\_
6. How often do you **cook at home**? ☐ 1-3 times a week ☐ 3-5 times a week ☐ 5-7 times a week ☐ Rarely
7. Does your **child eat any** foods prepared with herbs, spices or other seasoning?..... ☐ Yes (List these in chart, p.2) ☐ No  
7a. If no, do you prepare **separate foods** that have no spices for your child? ..... ☐ Yes ☐ No
8. Is there **any time of year** (such as holidays) in which your child eats more of foods listed in **7a** than others? ☐ Yes ☐ No  
8a. If yes, **when**? \_\_\_\_\_
9. Does your child take any **herbal supplements, traditional medicine, or vitamins**? ..... ☐ Yes (List these in chart, p.2) ☐ No
10. Are there any **home remedies** you make when your child is sick, such as "turmeric milk?" ☐ Yes (List these in chart, p.2) ☐ No

NCLEAD Child ID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
INTERVIEWER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

**Instructions for Interviewers:** Record the following information about the herbs, spices and supplements that you sample

Herb/ Spice/ Supplement Name	Brand Name	Lot number	How acquired? (Check One)	Purchased in USA?	>If purchased in USA or online, write Store Name, Address, City, State below > If purchased outside of USA, write country of purchase below
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<https://ehs.dph.ncdhhs.gov/docs/forms/cehu/SpiceandHomeRemedySurveyFINAL-English-fillable.pdf>

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QUESTIONS?

