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SOAR OHIO

Early Investments, A Lifetime of Success.

Building the Way to a Healthier Future

*Investigating a Path Forward to Ensure
Ohio's Youngest Children are Safe from
Lead Paint Hazards in Child Care Settings*

Presented by:



This report is dedicated to **BILLIE OSBORNE-FEARS** to honor her service to Ohio's children.

Billie Osborne-Fears is a trailblazer who dedicated almost forty years of her life to child advocacy and public service. Billie began her career as an early education leader and, over the years, served in many roles including an early childhood and child care program director before becoming the founding director of Starting Point, the first resource and referral agency in Northeast Ohio. In her role at Starting Point, Billie was instrumental in building the infrastructure of Ohio's early learning quality rating and improvement system and worked with state and local leaders to establish a statewide scholarship program for early childhood teachers, build a professional development system, launch and implement Cuyahoga County's Universal Pre-Kindergarten Program (UPK) and PRE4CLE, create an early learning referral system for families, and help thousands of programs become quality rated.

It was no surprise when Billie stepped up last year to co-chair the Lead Safe Cleveland Coalition's Lead Safe Child Care Settings Subcommittee, a group charged with charting a path

to create lead-safe child care spaces. Through her work with the Coalition, Billie convened the table with warmth and professionalism, always asking the tough questions and helping the Coalition forge a path forward. Under her guidance, the committee commissioned Groundwork Ohio to complete "Building the Way to a Healthier Future," a first-of-its-kind report that will serve as a powerful advocacy tool to create lead-safe child care spaces in Ohio and across the country.



The countless children, families and future generations to come who have benefited from Billie's leadership are all a part of her legacy. This report and the work to implement the learnings of "Building the Way to a Healthier Future" is in honor of Billie Osborne-Fears, champion for children.

This report was made possible by:



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Groundwork Ohio.

About Groundwork Ohio:

Groundwork Ohio is a nonprofit, nonpartisan advocacy organization committed to advancing quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families, and communities.

Ready, Set, Soar Ohio is a diverse statewide coalition of early childhood, education, health, advocacy, philanthropy and business organizations, community leaders, policymakers and families. This coalition is committed to ensuring that more pregnant women, infants, toddlers and their families have access to the support they need to be ready, set and soar to their full potential.

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“ *It is unacceptable that in 2020 we continue to have children living and learning in environments where they are exposed to lead paint hazards, undermining their health, education and foundation for all future lifelong success inside the places that were quite literally built to keep them safe and support their growth.* ”

– Billie Osborne-Fears, *Starting Point*

A Message from our Leadership

Lead poisoning deeply impacts too many of Ohio’s youngest children and families and demands our priority. Despite this unequivocal truth, we certainly could not have anticipated releasing this report as we continue to normalize the trauma and crisis to which COVID-19 has conditioned us over the past several months. Upon reflection on the impact of COVID-19 on the nation’s child care system, the National Association for the Education of the Young Children states, “our nation’s early childhood education programs have been navigating structural cracks and financial cliffs for decades. The COVID-19 pandemic has made these cracks and cliffs unavoidable, putting our programs into free fall. If our economy is to recover, it will require a reimagined approach to financing and structuring the systems that support high-quality child care.”

If our child care programs are in free fall, one may ask why this work continues—why do we ask you to consider how to prevent lead poisoning in child care programs that were not financially stable prior to the pandemic and for which there are seemingly little to no new state resources that could support a policy change? How do we share this rich body of policy research on lead in child care amid a global pandemic and civil unrest in our local communities, state and nation?

As early childhood advocates, we are certainly not strangers to the real and acute barriers to progress, however, our response is simple—how can we not?

Lead poisoning is a public health crisis. Even before the global pandemic of COVID-19 devastated our state and nation, lead poisoning was having a devastating impact on young children and families in Ohio. The primary source of lead exposure among children in Ohio is deteriorated lead-

based paint (dust). Lead poisoning can cause damage to the brain and nervous system, slowed growth and development, speech and hearing problems, learning disabilities, behavioral problems, and preterm birth. At very high levels, lead poisoning can cause seizures, coma, and death.

We know that houses, public buildings, and commercial buildings built before 1978 have a high likelihood of containing a lead paint hazard. When we consider the scope of the potential problem with this lens, we find that 42% of all housing units in Ohio were built prior to then. In 2016, 3% of the 0-5-year-olds tested in Ohio had confirmed blood levels of 5 µg/dL (micrograms per deciliter) or greater. There is no safe level of lead in blood but this elevated level triggers a public health response to lead poisoning. The 3% incidence number, however, is merely a snapshot of the problem because fewer than 40% of our children who are most at-risk, those living at or below 200% of the Federal Poverty Level, were even tested.¹

A 2016 Cleveland Plain Dealer article cited that “children tested in Cleveland had a higher rate of lead poisoning than children tested in Flint, Michigan during the height of its lead poisoning crisis.” For every 1,000 children in Cuyahoga County, there are 24.6 cases of lead exposure as compared statewide to 7.8 per thousand. This equates to 2,126 children living in Cuyahoga County with elevated lead levels.

Lead poisoning is an equity issue. Much like COVID-19 is disproportionately killing Black Ohioans, it is no surprise that Black families are also more exposed to environmental dangers such as lead hazards than their white peers. A study published in February of this year by the International Journal of Environmental Research and Public Health, found

Building the Way to a Healthier Future

that Black children living below the poverty line are twice as likely to have elevated levels of lead in their blood than poor white or Hispanic children.² This disproportionality is related to the physical and social conditions experienced by Black children and families as a result of structural racism and a history of policy and practices that supported segregation and isolation from opportunity for low income communities and communities of color known as “redlining.”³

Ohio’s own Case Western Reserve University recently published findings from a longitudinal study of children in Cleveland from birth to early adulthood in June of 2020 to identify the downstream impact of lead poisoning.⁴ In comparing cohorts of children, Black children were the most impacted because the rate of elevated blood lead levels is highest among Black children.⁵ In summary, the study found that “children with elevated lead levels in early childhood have significantly worse outcomes on markers of school success, and higher rates of adverse events in adolescence and early adulthood, compared to their non-exposed peers... and represents a sizable societal cost due to the loss of human capital, the burden on local systems, and persistence of inequality.”⁶

Child care must be part of any primary prevention plan. While primary prevention policies have long been focused on the elimination of lead hazards in children’s homes, child care is an extension of home for many young children in Ohio. And during the pandemic, children were spending more time than ever in their home and one other place... child care! Child care was the only early childhood program continuing in-person services during our state’s stay-at-home order to support the essential workforce. Further, child care is foundational to the Ohio early childhood system. In terms of public investment, it is the largest program serving young children outside of Medicaid. Typically, prior to COVID-19, Ohio’s publicly funded child care programs served

approximately 117,000 children in quality child care and an additional nearly 19,000 were served in publicly funded preschool programs. This data provides us with a baseline of where our most vulnerable children from low-income families are learning while their parents work.

Health and safety are the foundation of quality child care. Accordingly, while we have much to continue to learn about the impact and prevalence of lead paint hazards in child care settings, we must be vigilant to a threat that undermines a child’s life and defies the purpose of early childhood education settings, which are built to support young children in reaching their full potential. The research is clear about the incredible impact and return on investment seen by high-quality early childhood education programs. But even the most high-quality interventions in our state cannot overcome the devastating impacts of lead poisoning and support children who have been poisoned in catching up to their peers by kindergarten.⁷ Even where child care facilities pose no threats to a child’s health, child care programs are a unique partner to engage in lead prevention efforts because they have trusted relationships with children and families.

We are grateful to the Lead Safe Cleveland Coalition for allowing us the opportunity to engage in this most important work. This resource is intended to support local and statewide conversations to advance healthy environments, safe from lead hazards where our youngest Ohioans live and learn. Together we will make Ohio a safer place for young children to grow and thrive.

Sincerely,



Shannon Jones
Executive Director



SECTION 1

Introduction to Lead Exposure

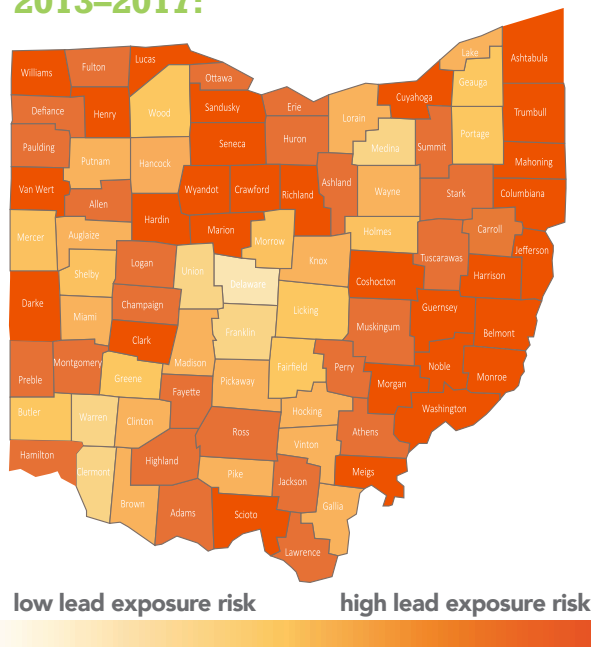
Lead Poisoning's Impact on Young Children

Lead poisoning can affect nearly every system in the body and is especially harmful to children in their first five years of life because it disrupts the rapid brain development they are undergoing. While there is no safe level of lead in the body, public health actions are recommended to be initiated when a child has blood lead levels of 5 micrograms per deciliter of blood. Children living at or below the poverty line and who live in older housing are at greater risk.

Lead poisoning can cause:

- Damage to the brain and nervous system.
- Slowed growth and development.
- Speech and hearing problems.
- Learning disabilities (e.g., reduced IQ, ADHD).
- Behavioral problems (e.g., juvenile delinquency and criminal behavior).
- Preterm birth for pregnant moms.

Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017:



At very high levels, lead poisoning can cause seizures, coma and even death.

What Are the Sources?

The primary source of lead exposure among children is deteriorated lead-based paint (dust).

Ohio Department of Health estimates **3.7 million Ohio households** contain lead-based paint, which is the primary source of lead poisoning. In addition, houses built before 1978 are at high risk of causing lead poisoning in children. This means that **42% of all housing units in Ohio** likely contain lead hazards.

Children can also be exposed in utero through their mother's blood supply.

Other sources include soil, water & consumer products.



Early access to treatment reduces the likelihood of long-term negative effects.

How Many Are Affected?

In 2016, **3% of the 0-5-year-olds** tested in Ohio had confirmed blood lead levels of 5 µg/dL (micrograms per deciliter) or greater.

However, **fewer than 40% of our children who are most at-risk were tested.** (Those living at or below 200% of the federal poverty level.)

Also, children on Medicaid are at higher risk for lead poisoning, meaning:

- **More than half of Ohio children are at high risk of lead poisoning.**

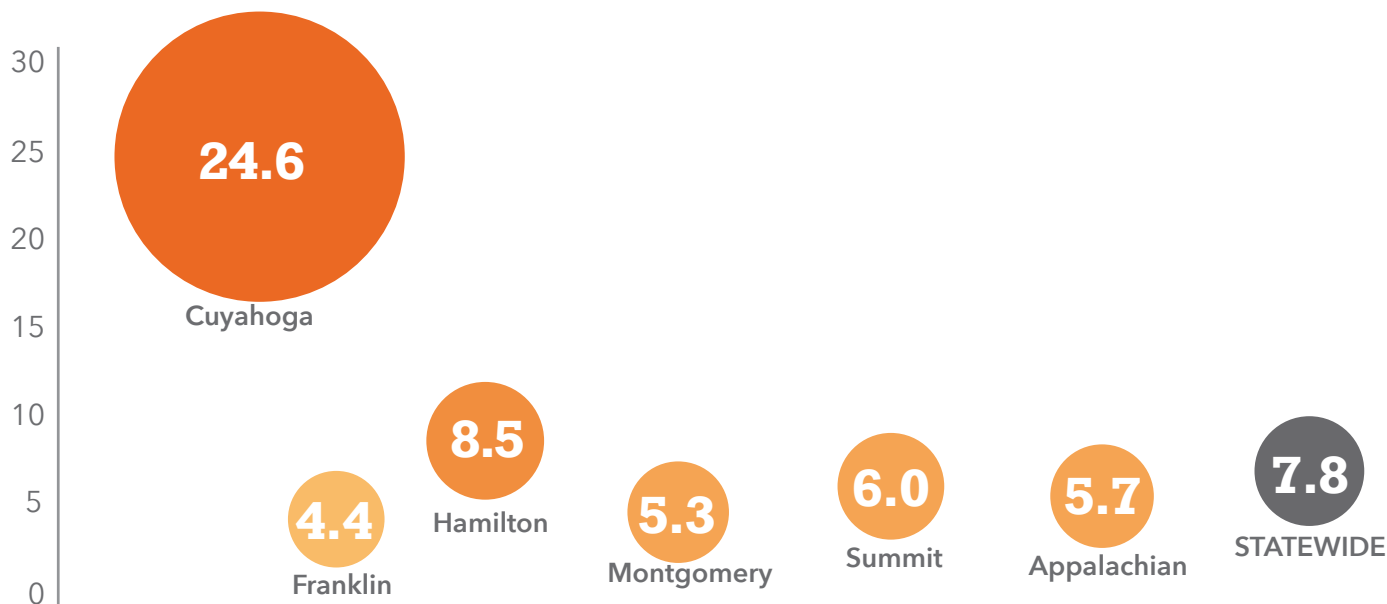
Incidence of Lead Poisoning:

Cases of Elevated Lead Levels in Children 0-5 Years Old by Ohio Region

Region	# Cases Confirmed Elevated Lead Levels	# Cases Unconfirmed Elevated Lead Levels*	TOTAL # Confirmed + Unconfirmed	# Children Under 6	# Cases of Lead Exposure Per 1000 Children
Cuyahoga	1,866	260	2,126	86,440	24.6
Franklin	235	225	460	103,908	4.4
Hamilton	425	110	535	63,122	8.5
Montgomery	125	82	207	38,946	5.3
Summit	153	64	217	36,291	6.0
Appalachian	477	274	751	132,825	5.7
STATEWIDE	4,591	1,848	6,439	823,546	7.8

*Unconfirmed cases are children who had a capillary test of 5 µg/dL or greater and did not receive a confirmatory venous blood draw test. Data Source: Ohio Department of Health Data Warehouse FY 2016.

Cases of Elevated Lead Levels PER 1,000 Children 0-5 Years Old by Ohio Region



Data Source: Ohio Department of Health Data Warehouse FY 2016.

A Brief History of Federal Lead Exposure Regulation

Prior to 1978 ...

Cases of lead poisoning date back to the early 20th century and it has long been considered a harmful environmental pollutant. Despite this recognition, lead-based paint was widely used in the United States because of its durability. In the early 1970s a growing body of public health research including detailed studies of lead poisoning in young children lead to federal lead exposure regulation.

1978, Lead Paint Ban ...

In 1977, pursuant to the Consumer Product Safety Act, the U.S. Consumer Product Safety Commission passed regulations prohibiting the consumer uses of lead-containing paints for products manufactured after February 27, 1978.

1992, Regulating Contamination Prior to the 1978 Ban ...

Title IV of the Toxic Substances Control Act (TSCA), added to the statute by the Residential Lead-Based Paint Hazard Reduction Act of 1992 (15 U.S.C. §§ 2681-2692), gives the U.S. Environmental Protection Agency (EPA) authority to regulate contamination from lead-based paint used prior to the 1978 ban. TSCA specifically requires the EPA to regulate the renovation and remodeling of "target housing, public buildings constructed before 1978 and commercial buildings."⁸

2008, Lead Renovation, Repair & Paint Rule ...

In 2008, the EPA issued regulations governing the renovation of target housing and child-occupied facilities likely to disturb lead-based paints called the Lead Renovation, Repair and Painting (RRP) Rule.⁹ The rule became effective in October of 2010. A child-occupied facility is defined as a building or portion of a building constructed prior to 1978, including a public or commercial building, visited by a child under six at least twice a week for three hours per day, combined weekly visits of six hours per week, and 60 hours per year. This includes child care programs, day camps and schools.

2008-Present, Implementing the Lead RRP Rule ...

While there is an extensive history of litigation regarding the Lead RRP Rule since its inception as it applies to public and commercial buildings and some amendments to the rules, the EPA requires that renovations of child-occupied facilities be carried out only by Lead-Safe Certified renovation firms, using certified renovators trained in lead-safe work practices to ensure that renovations do not inadvertently contaminate the facility and expose children to lead hazardous dust in a facility constructed prior to 1978.¹⁰ States have the ability to make these rules more stringent through state law. The RRP rule, however, is poorly enforced.

What is the primary source of child lead poisoning today?

Deteriorating lead-based paint from older buildings (built before 1978), lead in dust and exposed soil are the most common causes of elevated blood lead levels in children in Ohio.

Children can be exposed to lead in many ways, including in drinking water, but most exposure happens when small children ingest lead dust by crawling on the floor, putting items in their mouths, playing outdoors on porches with deteriorated lead paint, or being in or around exposed contaminated soil.¹¹





SECTION 2

Lead-Safe Policy in Ohio

Current Child Lead Poisoning Prevention Policy Landscape

The Lead Safe Cleveland Coalition¹² is an inclusive public-private partnership founded to address lead poisoning through a comprehensive, preventive, and long-term approach. This approach protects Cleveland's children by merging smart, adaptable public policies; knowledgeable agencies willing to collaborate; proven community programs; and public and private sector accountability. Today, the Coalition has over 400 participants, seven working committees and three subcommittees and continues to grow.

Among the incredible work of the Coalition, they supported a groundbreaking local lead-safe certification law to proactively create lead-safe homes. Beginning March 1, 2021, residential rental units built before 1978 must have a lead-safe certification from the City of Cleveland's Department of Building and Housing. To support the creation of lead-safe homes, the Coalition launched the Lead Safe Home Fund to provide property owners and residents with the resources and incentives to achieve lead-safe certification. In partnership with CHN Housing Partners, a spectrum of loans and grants will be available to eligible property owners. In partnership with Environmental Health Watch (EHW), the Coalition also created the Lead Safe Resource Center, a one-stop-shop for lead poisoning prevention.

As the Coalition's work continued and more investigation was done to understand the impact of the new lead-safe certification requirement of rental units, there was a desire to better understand how the law may intersect with child care operating out of rental units. Small family child care programs that operate out of the child care provider's home where the provider is renting the home or residential unit in the City of Cleveland built before 1978 may be impacted. While the responsibility of obtaining the certification is the property owner's, family child care providers operating their business out of a residence could be at risk of losing their home, and their business, if the residential unit they rent is not compliant.

The Lead Safe Child Care Settings Subcommittee was formed under the Coalition's Policy Committee to explore

the intersection of the new local law and child care in order to educate the child care community and programs impacted and avoid any loss of child care capacity long term as a result of the new law. Additionally, the subcommittee also wanted to explore other state policy levers that could be utilized to ensure lead-safe child care facilities beyond family child care operating their program in rental units that would impact child care in the City of Cleveland, Cuyahoga County and across the state. The Coalition was wise to recognize that child care is complicated with layers of local, county and state licensing and regulation that deserves thoughtful and thorough consideration.¹³

The Lead Safe Cleveland Coalition has also been flanked by the Ohio Lead Free Kids Coalition (OLFKC)—a statewide coalition of public health, healthcare, and educational organizations dedicated to preventing childhood lead poisoning. In February 2020, they released an *Ohio Action Plan for Lead-Free Children*¹⁴ to eliminate childhood lead exposure in Ohio homes by 2030. The report recommends action in nine areas including empowering schools and early learning programs to keep children lead-safe.¹⁵

Both Coalitions acted upon the opportunity to inform and influence a new Ohio Governor during 2018 gubernatorial campaign and early on in Governor DeWine's administration beginning in January of 2019. As part of Governor DeWine's robust agenda focused on Ohio kids, he claimed wins related to the prevention of lead poisoning in the FY20-21 state budget. These wins were

Both Coalitions acted upon the opportunity to inform and influence a new Ohio Governor during the gubernatorial campaign in 2018 and early on in Governor DeWine's administration.

included in the "[*Investing in Ohio's Children and Families*](#)" budget where an additional \$24.4 million over the biennium was invested in Part-C Early Intervention so that Ohio could expand eligibility to more children including those with toxic lead exposure. Governor DeWine also delivered on a larger plan during budget deliberations to combat lead poisoning that he originally announced in March of 2019.¹⁶ While this emphasis on lead was part of his administration's focus on children's health, it did not translate into any dramatic increases in state investments to combat the problem but rather sought to improve existing lead prevention programs as a first step.¹⁷ Accordingly, the progress made was celebrated as a beginning response which warranted a much larger commitment in the future. The following is a summary of existing and new investments in lead prevention efforts supported by the DeWine Administration over the FY20-21 biennium:

- Matching state funds of approximately 19.5% in each fiscal year for the Ohio Department of Health (ODH) to draw down \$10 million of the State Children's Health Insurance Plan (SCHIP) Lead Abatement funding. Property owners and families may qualify for free lead hazard controls through this program if their home was built prior to 1978 and the child or pregnant mother is Medicaid-eligible. This also includes some funding to advertise lead-free rental properties.
- \$450,000 to cover training and a waiver of licensing fees to increase the supply of lead hazard control workers.
- \$500,000 for the demolition of blighted properties, using a protocol for lead-safe work practices to deter lead exposure during demolition.
- \$300,000 to support middle income property owners requiring assistance for home lead abatement.
- \$5 million per year to provide a lead abatement tax credit, with roughly \$300,000 in Ohio Department of Health funding to administer, allowing eligible individuals to receive an income tax credit worth up to \$10,000 for costs related to home lead abatement.

of Medicaid managed care plans prior to the COVID-19 pandemic. The procurement process could provide policy levers tied to resources to incentivize health plans to engage in lead prevention in child care settings. During the procurement process, there has already been increased engagement of health plans investing in upstream interventions to impact the physical and mental health of children. For example, Molina Healthcare through the Molina Community Innovation Fund will support the Corporation of Ohio Appalachian Development, which performs lead assessments and abatement in child care programs throughout southeast Ohio.¹⁸

One vehicle to build upon Governor DeWine's leadership on lead prevention efforts has been the creation of a state Lead Advisory Committee whose role will be to advise on the state's efforts to abate and remediate lead contamination. The Lead Advisory Committee has been tasked with understanding sources of lead poisoning, reviewing best practices and initiatives in local, state and national communities and ultimately to develop recommendations for Ohio's response to lead poisoning over the course of two years.¹⁹ The group had been meeting monthly and recommendations were expected by the summer of 2020, however, these may be delayed in their delivery as a result of the pandemic.

Groundwork Ohio, as the statewide early childhood advocacy organization, has renewed its commitment to lead-free children and lead-safe spaces in Ohio by serving on the steering committee for the statewide coalition in addition to launching the new [*Ready, Set, Soar Ohio*](#) initiative in February of 2020. Ready, Set, Soar Ohio is a large and diverse coalition driven effort focused on policies and investments during the prenatal period to age three. The policy agenda includes keeping children safe from lead hazards where they live and learn.²⁰

Governor DeWine had also prioritized the procurement

Ohio's Child Lead Poisoning Prevention Program ²¹

The Ohio Department of Health (ODH) is tasked with promoting and maintaining a child lead poisoning program to coordinate screening, diagnosis, and treatment services for children under age six across the state. This includes tracking testing data on testing and services in consultation with the Ohio Department of Medicaid (ODM).

The Ohio Lead Advisory Council is a statutory advisory group to assist and support ODH in developing and implementing the program and includes a representative from the bureau of child care in the Ohio Department of Job and Family Services who administers child care.

There is no proactive requirement for lead testing of schools or child care facilities in the State of Ohio. The investigation into the facilities, or the cause of lead poisoning, arises out of lead screening and testing performed primarily by pediatric primary care doctors. The American Academy of Pediatrics provides recommendations and a periodicity schedule for preventative pediatric health care including lead screening for young children at risk of lead poisoning.²²

Ohio law relies on the finding of a young child having been lead-poisoned for an investigation to be initiated. When a state or local department of health becomes aware that a child under age six has lead poisoning, they are charged with determining the source of the poisoning. In conducting the investigation, they can include the child's residence(s), child care facility, or school where there is a reasonable suspicion that one of those places is the source. If it is determined that one of these locations is a possible source, a risk assessment of the property is completed. A risk assessment is an on-site investigation facilitated by the local health department to determine and report the existence, nature, severity, and location of lead hazards in a residential unit, child care facility, or school, including information gathering from the current owner regarding the age and painting history of the unit, facility, or school and occupancy by children under six years of age. A visual inspection, limited wipe sampling or other environmental sampling techniques may be utilized.

If the results of the assessment identify a lead hazard, a control order is issued to have each lead hazard on the property controlled. The Ohio Department of Health is responsible for issuing orders in 83 of Ohio's 88 counties

including portions of Hamilton, Cuyahoga and Stark counties. In the remaining five counties, all major metropolitan areas of the state, delegated health departments

are responsible for issuing the orders. For example, the Cleveland Department of Public Health is a delegate agency.²³ This order will indicate the scope of the lead hazard and may include a requirement that occupants of the facility vacate until the facility passes a clearance examination by the same authority upon removal of the lead hazard. The clearance examination determines whether the lead hazards in a residential unit, child care facility, or school have been sufficiently controlled—whether or not the facility is "lead-safe." A clearance examination includes a visual assessment, collection, and analysis of environmental samples (dust, soil and/or paint).²⁴

The Ohio Department of Health is charged with adopting and updating rules regarding lead poisoning prevention including procedures and standards for conducting investigations, risk assessments, lead hazard control orders, compliance with orders and the criteria for training programs that train professionals who can abate the lead hazard or complete interim controls.

There is no proactive requirement for lead testing of schools or child care facilities in Ohio.

Why should Ohio include a focus on “lead-safe” policy for facilities where children live and learn?

Given the widespread use of lead paint and the fact that so much of Ohio’s current housing stock was built prior to 1978 before the lead ban was in effect, a goal of ensuring that homes are “lead-free” is both unrealistic and unnecessary when we know we can keep children safe by eliminating lead hazards and make facilities “lead-safe.”

In consideration of child care facilities, while we currently know less about the scope of the problem in public and commercial buildings built prior to 1978 that are being utilized as child care facilities in Ohio, the goal of making facilities “lead-safe” as an absolute minimum is both a reasonable and attainable goal if childhood lead poisoning is given the priority it deserves in the state.

Current child care regulations applicable to lead exposure are aligned with a “lead-safe” approach.

In order to understand Ohio’s current child care regulations applicable to lead in child care facilities, understanding the concept of “lead-safe” versus “lead-free” is important. In Ohio Administrative Code, Section 5101, language “free of lead hazards” is used—meaning child care facilities must be free of lead hazards. This is distinct from a “lead-free” approach because ensuring that a facility is “free of lead hazards” does in fact ensure the facility is “lead-safe.”

How are lead hazards in a child care facility sufficiently controlled (i.e., determined to be “lead-safe”)?

Abatement is the permanent removal of lead hazards. Sometimes abatement may be mandated and/or the only way to remove a lead hazard.

For example, in situations where a lead hazard control order has been issued, abatement is required.²⁵ There are many instances, however, where interim controls can be effective in temporarily removing lead hazards. Interim controls aim to create a “lead-safe” facility. If interim controls are properly maintained, they can be effective indefinitely.²⁶ Below are the statutory definitions of lead abatement and interim controls applicable to all child care facilities.

Lead Abatement: A measure or set of measures designed for the single purpose of permanently eliminating lead. Lead abatement includes all of the following:

- Removal of lead-based paint and lead-contaminated dust;
- Permanent enclosure or encapsulation of lead-based paint;
- Replacement of surfaces or fixtures painted with lead-based paint;
- Removal or permanent covering of lead-contaminated soil;
- Preparation, cleanup, and disposal activities associated with lead abatement

A lead paint inspection, risk assessment, or a combination of the two can be used to plan for lead abatement. Lead abatement contractors are required to complete the work.

Interim Controls: A set of measures designed to temporarily reduce human exposure or likely human exposure to lead hazards. Interim controls include specialized cleaning, repairs, painting, temporary containment, ongoing lead hazard maintenance activities, and the establishment and operation of management and resident education programs.²⁷

What are the types of licensed child care programs in Ohio?²⁸

Child Care Center

Capacity: ≥ 7 children

Location: Anywhere other than residence of licensee

Child Care Centers are programs located any place that is not the permanent residence of the licensee or administrator in which child care or publicly funded child care is provided for seven or more children at one time. Any children under six years of age who are related to a licensee, administrator, or employee and who are on the premises of the center shall be counted.

Family Child Care (Type A)

Capacity: ≤ 12 children

Location: Residence of licensee

Type A family child cares are programs in the permanent residence of the administrator in which child care or publicly funded child care is provided for seven to twelve children at one time or a permanent residence of the administrator in which child care is provided for four to twelve children at one time if four or more children at one time are under two years of age. In counting children for the purposes of this division, any children under six years of age who are related to a licensee, administrator, or employee and who are on the premises of the Type A home shall be counted.

Family Child Care (Type B)

Capacity: ≤ 6 children

Location: Residence of licensee

Type B family child cares are programs in a permanent residence of the provider in which care is provided for one to six children at one time and in which no more than three children are under two years of age at one time. In counting children for the purposes of this division, any children under six years of age who are related to the provider and who are on the premises of the Type B home shall be counted.

Note: Unregulated child care can be provided for no more than six children or no more than three children under the age of two years in a provider's home without a license. In order to receive payment for serving families eligible for publicly funded child care (PFCC), however, providers must be licensed.

As of June 2020, there were 4,018 licensed centers, 276 licensed Type A family child care homes and 2,234 licensed Type B family child care homes.²⁹ Of these licensed programs, 2,729 centers, 252 Type A homes, and 2,170 Type B homes serve children receiving publicly funded child care. The initial eligibility for publicly funded child care requires that a parent be at or below 130% of the Federal Poverty Level and have a qualifying work activity.³⁰

Relevant Ohio Child Care Lead Regulations

The following is a summary of regulations that apply to licensed child care centers and family child care homes in Ohio. Child care licensing and enforcement is administered by Ohio Department of Job and Family Services (ODFJS) through local agencies. Local county job and family service agencies enforce these regulations in their respective jurisdictions.

Given family child care homes that are serving less than six children are not required to be licensed, local communities can determine additional precautions that ensure the safety of the children in these unregulated settings. For example, Cleveland Department of Public Health, Division of Environmental Health, can investigate unlicensed

operators of in-home child care providers to inspect for adequate refrigeration, general cleanliness and play area safety.³¹ City and county health departments can also influence child care safety through regulatory processes carried out through permitting, licensing and inspection processes.

Child Care Center³² and Family Child Care Home³³ Regulations

Safe Equipment

Equipment such as, but not limited to, climbing gyms, swings, slides must be free of rust, cracks, holes, splinters, sharp points or edges, chipped or peeling paint, lead hazards, toxic substances, protruding bolts or tripping hazards. Equipment, materials, and furniture shall be sturdy, safe and easy to clean and maintain. They shall also be free of sharp points or corners, splinters, or protruding nails; loose or rusty parts; paint which contains lead or other poisonous materials; or other hazardous features.

Safe Environment

Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being, including but not limited to: stoves, bodies of water, window covering pull cords, telephone cords, electrical cords, extension cords, lead hazards, asbestos, wells, traffic, provider's, staff's or household member's personal belongings and other environmental hazards and dangerous situations. Renovations and remodeling to the home shall be conducted in a safe manner to ensure that lead poison hazards are not introduced into the environment as required by Chapter 3742 of the Ohio Revised Code.

Potential for Progress in Ohio

Current law and guidance reflects that Ohio has included “signals” in their child care licensing regulations and guidance as summarized above, but in practice the licensing inspection is limited to a visual inspection and based upon the training of the licensing specialists who are neither trained or certified to make these determinations unlike a lead risk assessor. Additionally, the child care licensing application asks if there are known lead hazards, which wrongly assumes that child care programs are both informed on lead hazards and have sufficient resources to make that determination.

The State of Ohio has decided on some interim administrative changes, which will have child care licensing specialists who spot indicators of lead-risk to refer providers to local or county health departments or another agency that can assist with more in-depth lead assessments. While it still requires a visual inspection by the licensing specialist, the program will be referred to experts who can help them.³⁴ These are welcomed changes, but more information is required to track the impact and the capacity of the state and local health

departments to do follow-up after a licensing specialist identifies a concern upon visual inspection. This includes the increased need for a lead risk assessment to be completed by a trained professional. The pace of referrals may not align with the current capacity of the lead workforce to identify and respond to the lead hazard. Further, there are no additional resources to support removal of lead hazards. Monitoring referrals will be an important way moving forward for lead advocates to demonstrate actual need among child care facilities.

Child Care as a Partner in Lead Poisoning Prevention

Ohio’s early education professionals are one of the state’s most critical assets as we seek to promote high-quality early learning and close gaps among children based on race, geography and socioeconomic status in the first five years of life. During these critical early years of development, highly-qualified education professionals shape children’s social, emotional, and cognitive growth to prepare them for school and beyond.

In Ohio, more than 70,000 early educators have dedicated their careers to ensuring our young children—our state’s future—receive the nurturing care and early learning experiences that lead to healthy development and lifelong success while their families are at work. They are the essential workforce behind the workforce.

Despite the high demand for quality child care and an increased understanding of the importance of early educator qualifications, Ohio’s child care professionals face many challenges including: high turnover, low wages, lack of benefits and secondary trauma. On average, Ohio’s child care professionals earn \$10.67 per hour, despite

nearly half of child care teachers having a degree or credential beyond a high school diploma.³⁵ As a result, over half rely on public assistance, and it is not unusual for their children to receive a child care subsidy and attend the same program where they work. For comparison, the average wage of a parking lot attendant is \$11.70 an hour.³⁶ Over 90% of educators in Ohio are female.³⁷ Black women are disproportionately represented in the child care profession and are more than twice as likely to be working in the field as their white peers.³⁸

Early childhood educators were in crisis prior to the COVID-19 pandemic and are now on the frontlines of

Over half of Ohio's child care professionals rely on public assistance, and it is not unusual for their children to receive a child care subsidy and attend the same program where they work.

economic recovery. With so many families out of work and 45% of child care facilities at risk of closing for good, the instability and insufficiency of our child care system has been laid bare.³⁹ Considering the reality that emergency, federal funding is running dry and the state's choices to reduce class sizes and increase sanitation habits in child care to reduce the spread of COVID-19, the cost of child care operations continues to increase as funding to support the system decreases. Child care programs stand to lose crucial public and private revenue as COVID-19 outbreaks continue to threaten closures of programs that survived the initial crisis. But while the pandemic is unprecedented, the problems faced by child care providers are not new.

The Hechinger Report published an article on child care in June of 2020 that summarizes the current predicament of early childhood providers: "Ultimately, the American child care system has survived almost solely on the backs of low-income women, many of them women of color, who care about children enough to do their best despite very low wages. Ironically, their hard work has made their plight easier for society to ignore."⁴⁰

Early childhood professionals were doing heroic work daily prior to the pandemic and have stepped up to continue supporting children and families despite the increased health risk and additional challenges they face in light of COVID-19. While there is no question that child care owners do not plan on opening a business only to operate at a deficit, early childhood professionals

entered this career because they were motivated to serve the needs of the children and families in their communities, building the brains of children and the foundation of our society. Not unlike the advocates in the local and state lead poisoning prevention coalitions, they are child advocates day in and day out. They are eager to learn how they can better serve their children and families. Accordingly, in any policy change that impacts their child care programs, child care professionals must be at the table in partnership, co-creating solutions that impact the health and well-being of both the children they serve and themselves.

"Ultimately, the American child care system has survived almost solely on the backs of low-income women, many of them women of color, who care about children enough to do their best despite very low wages. Ironically, their hard work has made their plight easier for society to ignore."

– The Hechinger Report, 2020



Lead and Facilities in the Child Care Context

Even prior to the COVID-19 pandemic, child care programs existed in a complicated system that is under resourced and where physical facility needs often get overlooked. As child care programs, particularly those that serve children who qualify for publicly funded child care in Ohio, navigate a very narrow profit margin, any change in regulation or choice about a child care facility that impacts operational costs or requires additional resources is inextricably linked to every other facet of the child care business.

There is no doubt that child care providers and early childhood stakeholders across the state want to ensure that children are living and learning in safe environments. As the political will in Ohio has increased to combat lead in places where young children live and learn, however, there is a legitimate concern and lack of understanding of how any additional regulation or policy change could impact the child care industry.

Despite the tiered rates among quality rated programs, Ohio's average wage for a child care professional is still \$10.67. As we ask more of the child care system, we have to be conscious of how increased responsibility impacts already underfunded programs.

While health and safety regulations are foundational to the delivery of high-quality child care, so too is the intentional development and continuous improvement of learning environments above and beyond mere health and safety. Most states, including Ohio, have adopted a Quality Rating and Improvement System (QRIS). Ohio's QRIS, Step Up to Quality (SUTQ), is a five-star quality rating and improvement administered by the ODJFS and the Ohio Department of Education (ODE). It recognizes and promotes learning and development programs that meet quality program standards exceeding licensing health and safety regulations. These standards are based on national research identifying the key components that lead to improved outcomes for children. States' QRIS standards vary tremendously and SUTQ does not include any program standards related to lead in child care facilities beyond what is required in the licensing standards.

Ohio has been building upon and investing in the SUTQ system for nearly two decades. The system has two upcoming statutory mandates to benchmark progress. The first requires that every early learning program that receives public funding be rated at least a 1-star, a step above licensing health and safety requirements, by June of 2020. As a result of the pandemic, this deadline has been extended to September of 2020. Despite the extension, over 90% of programs had met the requirement as of March 2020. This news has been widely celebrated given the time, effort and resources it took to achieve such success. Advocates and child care stakeholders alike, however, view it as the first of many steps to adequately fund and improve the state's quality system to equitably meet the needs of Ohio's most vulnerable children and families. The second statutory deadline requires that by June of 2025, all programs must be highly rated (3- to 5-stars in SUTQ). If programs fail to meet the standards on this timeline, they are not eligible to serve children who qualify for publicly funded child care.

Further weighing on child care administrators and staff as a result of the underfunding of the child care system

is low wages and minimal access to benefits. While they have struggled to achieve a rating in SUTQ, many programs have done so to achieve tiered reimbursement rates above and beyond the base rate for children in publicly funded child care in their program. Despite these tiered rates among quality-rated programs, Ohio's average wage for a child care professional is still \$10.67. As we ask more of our child care system, whether it be increasing quality, serving more children or implementing lead-safe policies across the state, we have to be conscious of how increased responsibility impacts already underfunded programs. Where programs know more about lead, there is no more creative workforce than to find ways to solve problems for children and families. Given the limited funding for lead work however, without a private grant or other flexible dollars, programs cannot lead on this issue. The safety and wellbeing of young children cannot be financed on the backs of a professional workforce that is underpaid and undervalued. Accordingly, any new policy must be sufficiently resourced with a sustainable funding source.

Child care policy has never had a robust facility component, particularly in the State of Ohio. While there is increased focus, rightfully so, on other quality measures including teacher credentials, ratios, curriculum and parent engagement, the developmental appropriateness of a facility has taken a back seat. In Ohio, we have high-quality programs operating in facilities that do not match the level of expertise, commitment, and professionalism of the program. Heightened safety standards and new resources as a response to lead poisoning that impact facilities without respect to the individual program or facility may not be the most efficient use of public dollars because of competing barriers that render lead remediation nonsensical where the facility is insufficient in other ways.

Lead and Facilities in the Child Care Context

The following are among the considerations to review in addition to lead in the context of child care facilities. For example, when considering a grant, loan or other financing model to support the removal of lead hazards in child care and other facility updates required to maintain a healthy and safe environment, careful thought should be given to each of these before operationalizing a process.

Equity:

- 1** Across the State of Ohio and among local communities, there are wide disparities in the quality of child care facilities. There is an undeniable lack of equity in the health and safety of programs and the quality of care provided given this broad range in facilities alone.
- 2** Given that many child care programs are in older facilities, many may not be compliant with the Americans with Disabilities Act standards of accessible design.

Cost:

- 1** In consideration of the broad range of facilities where child care programs are operating, some sites may need light remodeling, significant renovation or a new space altogether. When considering whether a new space is required, at what point does the cost of repairing the facility safely become greater than the cost to replace?
- 2** There is a business model that allows child care programs, particularly those that serve children in the publicly funded child care program to break even or potentially even turn a profit. This business model is reliant on the full collection of fees from families (or reimbursement rates from the state in the case of children who are publicly funded), full enrollment and the ability to cover per-child costs with revenue. Without a sound business model, facility investments and updates often take a backseat. Additional child care cost modeling with facility assumptions should be undertaken to better understand the impact of the facility costs on a program's financial viability.
- 3** To safely complete facility remodeling or renovation, programs may have to temporarily close portions of the facility or the entire facility. Recovering from this potential capacity loss both in terms of the children and families served and the maintenance of staff is an added financial risk to investing in facilities.

Functionality:

- 1 How is the facility supporting children, families and staff beyond health and safety? How is it supporting early learning? Many of our early childhood programs have been housed in very old facilities or facilities that were not made for them (i.e., old churches, strip malls) and, even if the facility has structural issues that keep it from being a warm, safe and dry place for children to be, will it meet the needs of the child care program?
- 2 The functionality of an early learning facility is enhanced greatly by both indoor and outdoor play space independent from classrooms. Many old facilities or facilities not built for child care lack these spaces.
- 3 Natural light and fresh air are often limited in child care facilities. These can also be very limiting in terms of early learning functionality.

Sustainability:

- 1 Many structural issues and systemic facility issues, even if fixed, cannot be financially sustained long-term (ex. old boiler system).
- 2 Whether the child care program owns or rents its facility matters greatly.

Programs that rent commercial spaces make facility updates with the risk they may not be able to stay in that space long-term.

Programs that rent commercial or residential spaces often may not have control over the physical space. So even when programs may have resources, they may choose not to invest them in facilities.

- 3 Even when there is not a significant issue with a facility, a small investment in a child care program that is financially unsound is a risk where they may have to close due to their business performance. The child care program, regardless of facility, needs to be operating responsibly.

To learn more about early childhood facilities:

Read *Early Learning Facilities Policy Framework*, by the Bipartisan Policy Center and *Building Early Childhood Facilities*, by the National Institute for Early Education Research.



SECTION 3

Lead-Safe Policy Across the Nation

Federal Funding to Support State & Local Efforts

Children's Health Insurance Program (CHIP)

The CHIP Lead Abatement program is a Health Services Initiative (HSI) administered by the Ohio Department of Health with oversight by the Ohio Department of Medicaid. Ohio uses funding from this source to clean up homes with identified lead hazards where children who are Medicaid-eligible live or spend significant time.

Ohio first pursued these funds in 2017 leveraging state general revenue dollars to receive \$10 million in CHIP funding for lead abatement work. Due to start up challenges and several administrative barriers, including onerous eligibility requirements, the program significantly underspent the funding in its first two years of operation. The underutilization of this program was especially concerning given the estimated 1,200 homes under lead hazard control orders across Ohio, where children had already been lead-poisoned, that may have been eligible for this assistance. After careful review, the administration identified specific eligibility and bureaucratic impediments, such as requiring a landlord match, that prevented property owners and families from effectively accessing these funds and sought to remove these barriers in its subsequent application for funding.

In August of 2019, the Centers for Medicare and Medicaid Services (CMS) approved a revised CHIP HSI state plan for Ohio that eased restrictions for accessing the \$10 million in federal CHIP and expanded eligibility, including specifically for home-based child care properties where at least one child eligible for Medicaid under the age of 19 spends six or more hours per week there and where the property is the source of a lead hazard. The CHIP HSI also has

funds to go beyond lead hazard control work to support primary lead poisoning prevention in targeted high-risk geographic areas. These funds can be used to conduct community outreach to identify properties and to hire and train community health workers and environmental case managers to support parents and guardians of children from low-income families and pregnant women who are lead-poisoned.⁴¹

The CHIP HSI has been so successful in 2020 that ODH expended the funding prior to the end of fiscal year 2020, abating properties in 59 counties across Ohio, and with a wait list of over 200 properties for the new fiscal year. Due to the high volume of lead hazard orders, however, the CHIP program has been unable to effectively advance the primary prevention phase of the program. Indeed, ODH is unable to accommodate the current demand with FY21 funding estimated to cover only 125-150 properties. Applicants seeking CHIP funding receive a priority score should additional funds become available, but current requests cannot be fully met by the FY21 \$5 million allocation.

Applicants seeking CHIP funding receive a priority score should additional funds become available, but current requests cannot be fully met by the FY21 \$5 million allocation.

HUD Lead Hazard Reduction Grant Program

*The Office of Lead Hazard Control and Healthy Homes (OLHCHH) provides funds to state and local governments to develop cost-effective ways to reduce lead-based paint hazards. In addition, the office enforces HUD's lead-based paint regulations, provides public outreach and technical assistance, and conducts technical studies to help protect children and their families from health and safety hazards in the home.*⁴²

The purpose of the Lead-Based Paint Hazard Reduction (LHR) grant program is to maximize the number of children under the age of six years protected from lead poisoning by assisting states, cities, counties/parishes, Native American Tribes or other units of local government in undertaking comprehensive programs to identify and control lead-based paint hazards in eligible privately-owned rental or owner-occupied housing populations.⁴³ Accordingly, while it only applies to homes it could be accessed by child care programs operating in a residence that they either own or rent. This grant program is a Notice of Funding Availability (NOFA) competitive application

where HUD most recently made 70 awards from a total of \$324,000,000 in the fall of 2019.

- The City of Cleveland received \$9.7 million from this grant process in FY19, the work of which is targeted at the Glenville neighborhood.
- Cuyahoga County received \$5.9 million in FY19, the work is targeted in inner-ring suburbs, with a focus on East Cleveland, Cleveland Heights and Lakewood.
- Other Ohio grant recipients include the cities of Akron, Canton, and Columbus along with Mahoning and Summit Counties

Child Care and Development Block Grant (CCDBG)

The Child Care and Development Block Grant (CCDBG) is the primary federal grant program that provides child care assistance for families and funds child care quality initiatives. CCDBG is administered to states in formula block grants.

States use the grants to subsidize child care for low-income working families. CCDBG also funds Child Care Resource and Referral services and quality projects for infants and toddlers.⁴⁴ The Child Care and Development Block Grant Act authorized the Child Care and Development Fund (CCDF), which is administered by states, territories, and tribes.

The CCDBG Act specifies that the Child Care Development Fund (CCDF) dollars cannot be expended for the purchase or improvement of land, or for the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility

(except for tribes, which may apply to use a portion of their CCDF funds for construction or major renovation). However, the implementing federal regulations (at 45 CFR § § 98.2, 98.56)) provide additional guidance regarding the use of CCDF funds for renovation. Specifically, CCDF funds cannot be used for major renovation, but can be used for minor remodeling, and for upgrading child care facilities to assure that providers meet state and local child care standards, including applicable health and safety standards. "Major renovation is defined as: (1) structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area; or (2) extensive alteration of a facility

such as to significantly change its function and purpose, even if such renovation does not include any structural change. Any improvement or upgrade to a facility that is not specified under the definition of major renovation, may be considered a minor renovation and may be allowable under applicable regulations and cost principles. For sectarian agencies and organizations, in addition to the requirements described above, funds may be expended for minor remodeling only if necessary to bring the facility into compliance with health and safety requirements.⁴⁵

In Ohio, while CCDF funds support health, safety and quality for children who qualify for publicly funded child care through reimbursement rate payments to child care providers, the state has never dedicated specific funds to be utilized on facilities. New and increased federal CCDF funding in the future, however, could support heightened lead-safe requirements in child care facilities. CCDF funds would be evaluated in consideration of the many needs of Ohio's child care system and may be less flexible depending upon system performance and other child care budget decisions. For example, the historic increase realized in CCDBG that was appropriated in the state's FY20-21 budget was invested in child care rates because the state was under a federal correction action plan for which it had to comply.

The only other federal funds that are exclusive to child care other than CCDF that have some flexibility to be utilized

on facilities are Early Head Start, Child Care Partnership dollars.⁴⁶ While there are many local partnerships in Ohio, this is not a statewide funding solution but could be helpful in local communities where there are partnerships. In Allen County, Ohio for example, Early Head Start Child Care Partnership dollars have supported some facility work for child care programs based on lead hazard findings.

Head Start has a history of modeling best practices of child safety. The performance standards applicable to all Head Start programs support lead poisoning prevention efforts through family support services for health, nutrition, and mental health. This includes parent collaboration activity that creates an opportunity for parents to learn about preventive medical care and the developmental consequences of lead exposure.⁴⁷ Programs must also facilitate further diagnostic testing, evaluation, treatment, and follow-up plan by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels that affect a child's development, learning or behavior.⁴⁸

To learn more about public and private financing and funding models as well as tools utilized to support healthy homes that could be evaluated to build similar financing models for child care facilities, please visit the [National Center for Healthy Housing](#).

Potential for Progress Across the Nation

At the end of June 2020, House Democrats in Congress introduced H.R. 2, the Moving Forward Act.⁴⁹ The Act is a more than \$1.5 trillion plan to rebuild American infrastructure including roads, bridges, and transit systems, but also schools, housing, and broadband access. The Act provides \$10 billion for child care in the form of infrastructure grants to improve child care safety.

The child care provision authorizes \$10 billion over the 2020-2024 period to finance grants to improve child care infrastructure, including constructing, renovating, and improving facilities to address longstanding issues and to respond to the COVID-19 pandemic. If the Act is made law, the Secretary of the U.S. Department of Health and Human Services (HHS) would conduct an immediate needs assessment of the condition of child care facilities in order to inform the grant process and ensure that funds are distributed to areas of high need and in a way that

increases availability of quality child care for children from low-income families,, young children, and children of essential workers, and also assists providers in complying with new public health rules and remaining open. The Secretary of HHS would also conduct a long-term needs assessment within four years to assess the condition of child care facilities nationwide. This piece of legislation and additional interest in investments in infrastructure as a way to make child care safer and create new jobs is an opportunity to support child care facilities in Ohio.

50 State Scan of Lead in Child Care Facility Policy

A detailed 50 State Scan of all applicable state regulations is provided in [Appendix A](#) Page 36

Overall, the regulation of lead hazards in child care facilities appears weak across the nation. What is less clear, however, is states' effectiveness in reducing childhood lead poisoning as a result of those limited regulations. In other words, is their policy the right size for the scope of the problem in the state? Most states do not specifically address lead in their regulations and rather choose to address it among a blanket requirement that the child care facility should not contain hazardous materials.

Only nine states require an inspection by a lead risk assessor prior to a child care program becoming licensed:

Connecticut • Delaware • Idaho • Maine • Maryland
Mississippi • Missouri • Oregon • Vermont

Most states only have regulations that are applied after a visual inspection of the facility where paint is peeling or chipping. Even where lead is identified as a hazard in a facility, many states do not lay out a requisite response. Overall, child care centers are typically more regulated than family child care programs.

The following states require a certain action if lead is found in the facility. These states either specifically call for abatement, remediation or have some other specified interim control measure for each type of child program:

Home-Based Child Care Programs:

CT, DE, ID, ME, MA, MS, MO, UT, WY

Center-Based Child Care Programs:

CT, DE, ID, IA, ME, MD, MA, MS, MO, NJ, UT, WV, WY

Given the continuum of policy choices and diversity of outcomes of these policy choices in the 50 states, Ohio has an opportunity to learn and emerge as a leader in ensuring that children are not poisoned by lead in child care facilities.

Based upon a review of applicable state regulations, the following should be elevated as best practices to be considered when making policy change in Ohio:

Best Practices for Lead-Safe Policy in Child Care Facilities Built Prior to 1978

- 1. Commit fully to the primary prevention of lead poisoning in child care settings.** The development and implementation of regulatory and non-regulatory approaches should be focused on the primary prevention of childhood lead poisoning instead of relying on a child being lead-poisoned to trigger action. The adoption of a “lead-free” approach remains the gold standard, but “lead-free” policies may exercise flexibility where a “lead-safe” approach to primary prevention of lead poisoning in child care facilities is a smart and actionable goal aligned with the science of lead prevention to keep children safe. This flexibility has to account for the reality, however, that even interim controls that temporarily remove a lead hazard require regular upkeep which may prove challenging in a setting serving multiple children with increased daily wear and tear from use. This approach should view “lead-safe” as necessary, but not sufficient in all circumstances.

The commitment to the primary prevention of lead poisoning in child care settings requires a review and update of all existing regulations, enforcement procedures and funding sources to ensure they appropriately apply and leverage both “lead-free” and “lead-safe” approaches. Where a “lead-free” approach is already required of existing policy, it should be preserved. For example, if a child is already poisoned by lead, a lead-free (abatement) standard is applied to the secondary response of removing the lead hazard and is required by federal and state law. This heightened standard is both important to protecting the child and other children exposed, but also to encourage primary prevention practices. Where regulations fall short of “lead-free,” however, either in the letter of the law or the enforcement of the law, a baseline “lead-safe” standard should be considered where it could support the impact of regulations, enforcement procedures and funding sources seeking to advance primary prevention of lead poisoning.
- 2. Regulations are an important indicator of a state’s commitment to lead-free child care facilities.** They are not, however, the only indicator and, in fact, can do more harm than good in both short- and long-term impacts on the child care system without adequate resources and thoughtful planning. Regulations must be adequately resourced and implemented or else there will be unintended negative consequences, namely loss of capacity in licensed child care and increases in unregulated care. For example, in Mississippi, the state has had a high level of success in ensuring their licensed child care facilities are lead-safe by requiring programs to be tested for lead and be deemed “lead-safe” by a certified risk assessor prior to being permitted to operate. As a result of the policy change, while they had success in ensuring licensed care was lead-safe, it had the unintended consequence of more child care providers operating unregulated care.
- 3. Any and all regulation changes or increased efforts to enforce existing regulations must also be accompanied by a strong public education campaign and education campaign specifically focused on child care programs and professionals.** The education of providers is critical and must include best practices for ongoing maintenance of facilities and expectations when they are renovating facilities including the renovation, repair and paint (RRP) guidance for lead-safe work practices during renovation and demolition activities on structures built prior to 1978.
- 4. Non-regulatory approaches can be equally as impactful where a state can build the partnership with and knowledge among the child care industry about the impact of lead poisoning and how it relates to their everyday work.** This knowledge, alongside adequate prevention resources builds the will to do the right thing in terms of identifying and removing lead hazards where children learn.

5. **Adoption of a regulation that requires an inspection by a lead risk assessor prior to a child care program becoming licensed if the facility** was constructed prior to 1978 and ensure the regulation is adequately resourced both in terms of the upfront cost of testing and the costs of remediating lead hazards found.
6. **Where a regulation is established to protect children from lead hazards in child care facilities, it should...**
 - Provide specific action steps required to respond to the lead hazards.
 - Provide expectations about the behavior of child care programs in relation to removing lead hazards from their facility.
 - Instruct the child care program to notify parents and families about the finding of a lead hazards, the plans for its removal/remediation and the impact to the child's care in the interim.
7. **Where lead prevention funding opportunities exist, the funding source and communication of the funding should explicitly state whether funding is available** to support child care facilities and should be communicated to child care programs.
8. **Provide adequate time to child care providers to comply with any policy change in light of the resources available to them and the available workforce to complete abatement or interim controls.** Consider different treatment and timelines for meeting existing and new regulatory requirements or enhanced enforcement protocols among new programs and existing programs in the child care system.
9. **Regulatory and non-regulatory approaches should include a process to engage, learn from and ultimately seek buy-in from stakeholders prior to any policy change.**
10. **Regulatory and non-regulatory strategies have to ensure once the expectation of remediating lead hazards is set, the child care programs are able to fulfill the expectation.** This requires a lead workforce is adequate and prepared to respond to the anticipated demand for work in a timely and professional manner that creates the least disruption for programs, families and children.
11. **All regulatory and non-regulatory initiatives should explicitly delineate whether the regulation applies to child care centers and/or family child care homes** and how expectations concerning enforcement and resources available to them may differ.
12. **The development and implementation of regulatory and non-regulatory approaches should be measured and evaluated for impact in ultimately reducing childhood lead poisoning.** Measures and benchmarks for progress should be determined upon any policy change in consideration of the scope of the problem to be solved. This data and evaluation should include a public-facing database that tracks lead compliance so families can use it to help make child care choices.
13. **There should be an opportunity or structured process for parents and caregivers to hold child care facilities accountable** to local and state lead-safe standards where they can express concern to local and state authorities.
14. **Among financing opportunities shared in this report, states and local communities should also explore innovative revenue options to fund lead hazard removal in child care.** Some of the revenue ideas that have been implemented in other states include: adoption of a fee per gallon of paint sold in the state (Maine and New Jersey); adoption of a fee on businesses operating in the petroleum industry, the paint and coating industries and facilities reporting releases of lead into the air (California); and surcharges from the licensure or certification of certain real estate related professionals including mortgage lenders, insurance brokers, real estate agents, lead contractors, and private lead inspectors (Massachusetts).

Lead in Water

While the focus of this report is on lead hazards caused by lead paint because it is the most common cause of lead poisoning in Ohio, lead in drinking water utilized by child care facilities is also deserving of attention.

The Environmental Protection Agency recently proposed a new rule (updating the Lead and Copper Rule) in October of 2019 to reduce exposure to lead from drinking water. The rule requires water systems to identify and remove lead pipes. Additionally, it requires that schools and child care facilities are tested after finding that less than half of all school districts check drinking water for lead.⁵⁰

Eleven states (California, Connecticut, Illinois, Maine, New Hampshire, New Jersey, North Carolina, Oregon, Rhode Island, Vermont and Washington) and one city (New York City) require licensed child care facilities to test their drinking water for lead. Some states have additional requirements for any facility that operates their own public water system or school testing requirements that apply to child care facilities on school property. For the eleven states that specifically require licensed facilities to test for lead in drinking water, the requirements differ widely. Key features include:⁵¹

- 1. Facilities covered:** Requirements may apply to child care centers, smaller home-based or family child care, or both. All requirements currently only cover licensed facilities.
- 2. Testing timing, frequency, and location:** The required frequency for testing ranges from a one-time test to testing every one to six years – often coinciding with license renewal. While most require sampling at all potential sources of drinking water (e.g., used to drink, cook, or mix infant formula) a few states only require limited sampling (e.g., at a single outlet).

- 3. Standard:** The lead level used to trigger corrective action is 15 parts per billion (ppb)¹ in most states and New York City. Illinois uses 2 ppb, Vermont 4 ppb, and California's standard has not yet been established.
- 4. Corrective action and notification:** Required actions if lead levels exceed the standard usually include stopping use of the affected fixture(s) and providing water that meets the standard. Illinois, Oregon, New Hampshire, and Vermont require a remedial action plan be submitted to the state. Communication to parents or guardians is required by seven states if levels above the standard are found; California, Oregon and Vermont require the notification regardless of testing results. California, Vermont, and New York City require posting of results publicly online.

A full listing of the applicable state regulations is provided in Appendix B Page 45

National Awareness and Education Efforts

While the federal government and national organizations provide policy and funding to lead poisoning prevention, they also raise awareness and provide opportunities to educate child care stakeholders about lead poisoning.

For example, there is a National Lead Poisoning Prevention Week each year.⁵² This week of communication and education is sponsored by the Center for Disease Control, Environmental Protection Agency, and the Department of Housing and Urban Development. This week is a call to action to end childhood lead poisoning. Beyond this week of action, there are two national education initiatives focused on child care.

The first is a collaboration between the JPB Foundation, Eco-Healthy Child Care (a national program of the Children's Environmental Health Network), the National Association for Family Child Care (NAFCC), and the National Center for Healthy Housing which partnered to help family child care providers eliminate lead in their home environments by developing the Lead-Safe Toolkit for Home-Based Child Care.⁵³

The second is the Choose Safe Places for Early Care and Education initiative led by the Agency for

Toxic Substances and Disease Registry (ATSDR). This program was created to encourage careful consideration about where to locate early care and education sites. It provides cities, and states a framework to adopt practices that will make sure early childhood programs are located away from chemical hazards.⁵⁴ The State of Ohio is implementing this program, Ohio Choose Safe Places (OCSP), through the Ohio Department of Health. It is a non-regulatory, education-based statewide initiative designed to help child care center operators protect staff and children from harmful environmental hazards and chemical toxins by making safe siting decisions for their child care facility.⁵⁵ Among the particular environmental issues they address, lead is only covered in the context of ensuring safe drinking water.

National Lead Poisoning Prevention Week is an annual call to action bringing together individuals, organizations, industry, and governments to increase lead poisoning prevention awareness in an effort to reduce childhood exposure to lead.

**Learn more at:
cdc.gov/nceh/lead**

SECTION 4

Building the Way to a Healthier Future



*Guiding
Principles
&*

*Policy
Recommendations*

Guiding Principles

Equity

Race, rural geography, age, gender, and physical and intellectual ability, among other social factors, play a determinative role in the gaps between children in poverty and their higher-income peers. These gaps emerge much earlier than state and federal policy recognize. Black children are twice as likely as their white and Hispanic peers to have elevated lead levels in their blood—and 55% of children under the age of four accessing publicly funded child care in Ohio are Black.⁵⁶ Additionally, the child care workforce is disproportionately made up of women of color. While we do not yet fully understand the scope of lead hazards in child care, the programs must be engaged deeper in lead poisoning prevention efforts.

Collaboration

Lead poisoning prevention must be based in cross-agency collaboration. Further, any policy change that impacts child care programs should begin with a partnership with child care providers and the children and families they serve.

Data-Driven

Data must be used to determine needs, target approaches, measure outcomes and evaluate impact. The scope of the program must be fully understood before a solution can be effectively developed, implemented, and monitored.

Education

Non-regulatory efforts should be included in any plan to advance the goal of decreasing and responding to lead poisoning in child care programs. Child care programs are more than a facility—they are a powerful network of trusted relationships that exist to engage and serve children and families that can be partners in primary, secondary and tertiary prevention of childhood lead poisoning.

Resourced

As ways to strengthen existing licensing policies are identified and advanced, a plan for how those policies will be resourced must accompany them.

Policy Recommendations

1 Commit fully to the primary prevention of lead poisoning in child care settings

The development and implementation of regulatory and non-regulatory approaches should be focused on the primary prevention of childhood lead poisoning instead of relying on a child being lead-poisoned to trigger action. The adoption of a “lead-free” approach remains the gold standard, but “lead-free” policies may exercise flexibility where a “lead-safe” approach to primary prevention of lead poisoning in child care facilities is a smart and actionable goal aligned with the science of lead prevention to keep children safe.

2 Determine the scope of the problem of lead hazards in child care programs

Utilize state and local health, housing and child care licensing data to determine the scope of the problem of lead hazards in child care programs that are currently operating by identifying how many programs are operating in a commercial building or residence built prior to 1978. Data should also look at facilities built prior to 1960 as way to evaluate and target facilities with the highest risk of lead exposure. Child care licensing data can be requested from the Ohio Department of Job and Family Services. If data is insufficient, consider funding a survey of child care providers to obtain representative data on facility and knowledge of providers about lead poisoning. Use this data to target policy changes and resources and align policies that fit the scope of the problem.

3 Build upon trusted relationships with child care professionals to educate them about the impact of lead exposure and lead poisoning prevention practices

There is a deep lack of knowledge across the state that will continue to be a barrier to even the most stringent regulatory approach to reducing lead poisoning among young children.

- A first step for local communities and the state would be to develop and train professionals on a customized local or Ohio Lead-Safe Toolkit for home-based and center-based child care providers.
- Use creative dissemination strategies and create other print and digital assets to be shared with the toolkit (i.e., website, poster, policies, worksheets, webinars, providing copies of toolkits, regional events, training resource and referral organizations to provide technical assistance for the toolkits, etc.).
- Ensure that all training is Ohio-approved so that early childhood professionals get continuing education or professional development credit for their participation.

4 Improve, promote, enforce and resource regulations and implement non-regulatory initiatives to decrease childhood lead poisoning in child care settings based on:

Best Practices for Lead-Safe Policy in Child Care Facilities

**See Details on
Page 26**

Policy Recommendations

5 Resource existing and new regulatory and non-regulatory initiatives to support lead-safe space for young children to learn

- Advocate for increased investments for child care to stabilize the industry in Ohio and ensure equal access to high-quality child care for Ohio's most vulnerable children and families. Resources are limited when it comes to any spending on child care, a problem exacerbated greatly by the COVID-19 pandemic, and adequately funding and stabilizing the system allows programs to be better positioned to respond to lead hazards in their facilities.
- Advocate for increased state funding from existing state revenue to support the removal of lead hazards in child care facilities.
- Advocate for increased implementation of federal funding at the state level to be spent on removing lead hazards. (i.e., CHIP, CCDBG).
- Advocate for increased federal funding to improve and remove lead hazards from child care facilities. (ex. Moving Forward Act).
- Explore innovative state revenue options that could support the elimination of lead hazards in child care facilities and provide resources to other lead prevention efforts that intersect with child care programs.
- Leverage public and private dollars to engage in financing models to support quality early childhood facilities.

6 Explore strategic funding options through Medicaid to eliminate lead hazards in child care facilities

- Engage Medicaid managed care plans interested in a facilities-related pilot projects to impact children who are their members or influence them to engage in and finance lead poisoning prevention activity through the procurement process.
- Increase funding to allow expansion of the CHIP lead remediation program. This money can address homes on the waitlist already through the Ohio Department of Health and serve additional homes and child care facilities where a lead hazard has been identified. ODH could prioritize a portion of any new funding for lead risk removal to child care facilities in high risk zip codes built prior to 1978.
- Explore the use of CHIP funds to hire and train community health workers and environmental case managers to support child care programs that care for children and families that may have been exposed to lead hazards.

Policy Recommendations

7 Engage child care programs in secondary lead poisoning prevention alongside any primary prevention focused regulatory or non-regulatory initiatives

- Consider a requirement where children must have proof of lead screening or testing when recommended by the American Academy of Pediatrics in order to access publicly funded child care, similar to the requirement that immunizations must be verified within a certain period of enrollment.
- Make child lead assessment mandatory on the Child Medical Statement required including creating training modules to be disseminated.
- Require that child care providers are notified when a child in their care has an elevated blood lead level and provide educational materials to the provider about the supports available to the child and program to meet the needs of that child.
- Support child care providers in caring for young children and disseminating information to parents for children who have elevated blood levels.
- Recognize parent engagement opportunities that satisfy SUTQ standards focused on lead poisoning, testing, etc. as an opportunity for providers to get additional points.
- Recognize nutrition standards aligned with the treatment of lead poisoning in the QRIS system targeted in high-need communities as an opportunity for providers to get additional points.
- Explore other early childhood programs such as home visiting, early childhood mental health consultants, and early intervention in the larger early childhood system to leverage child care in supporting the facilities and the children they serve. Early Intervention and home visiting can be elevated as a treatment option for children poisoned by lead and as an opportunity to educate parents as partners with child care providers.

- Build upon existing assets through initiatives such as Ohio Healthy Programs and Ohio Choose Safe Places to engage child care providers in every aspect of lead poisoning prevention.
- Engage the American Academy of Pediatrics–Ohio-Chapter, local pediatric practices and children’s hospitals to partner with local child care programs and their families to engage in mobile lead screening and testing to get more children tested at child care facilities and connected to a medical home.

8 Develop and implement a state-level communications and advocacy campaign to elevate and implement a consensus policy agenda for change in lead-safe child care policy in the State of Ohio

- Develop and implement a statewide process to educate child care providers and families about childhood lead poisoning and engage them in the creation of a more detailed consensus agenda to improve lead-safe policies in child care.
- Educate and build awareness of a common agenda focused on eliminating risks of lead in child care facilities among local and statewide policymakers.

9 Include child care providers, parents, and families of young children in the decisions that personally impact the health and well-being of them and their children

Invite them to co-create solutions and engage them in policy development and advocacy for these solutions.



Appendix A

State Regulations Relevant to Lead in Child Care Facilities

Alabama	No rules or regulations pertaining to lead in child care settings.
Alaska	No rules or regulations pertaining to lead in child care settings.
Arizona	All Child Care Programs: Peeling or chipping paint may be cited. ¹
Arkansas	The State has an online reporting form ² for families to use if they are concerned about toxic chemical exposure, such as lead, in a child care facility. The site mentions that the state is able to assist child care properties with knowledge and expertise on lead, but the state cannot require the facility to submit test samples or force the facility to do renovate. Family Child Care Homes <ul style="list-style-type: none">• Paint on equipment shall be lead-free. Unlike centers, there is no requirement for lead paint on walls, ceilings, floors, and toys.³ However, there is a lead-safe toolkit for home-based child care providers to utilize⁴ available by the state to test paint, drinking water, soil, and consumer products. This toolkit is supported by the JPB Foundation, Eco-Healthy Child Care, National Association for Family Child Care, and the National Center for Healthy Housing. Child Care Centers <ul style="list-style-type: none">• Paints used on walls, ceilings, and floors shall be lead-free. Paint on equipment outdoors, toys, and other materials shall also be lead-free.⁵
California	All Child Care Programs: As part of the facility evaluation/visit, the Licensing Program Analyst should not cite for chipped paint unless they can apply it to specific regulations and justify that there is an adverse impact to clients in care. These types of deficiencies are frequently cited under the general regulation section that states “the facility shall be clean, safe, sanitary and in good repair at all times for the safety and well-being of clients, employees and visitors.” ⁶
Colorado	All Child Care Programs: The facility must be free from hazards to include peeling, chipping, or deteriorating paint. ⁷ The state provides guidance ⁸ on how child care providers can detect lead in facilities, but does not provide any requirements for when a facility tests positive for lead.
Connecticut	Family Child Care Homes <ul style="list-style-type: none">• Family Child Care Homes built before 1978 require a visual inspection for lead paint conducted by the child care licensing specialist. If peeling and chipping paint is observed during the inspection, a sample will be taken and sent to the state lab to determine if lead is present in the paint. The inspection will include the outside areas as well as the interior of the home. If lead paint is found to present a hazard to children, it must be corrected.⁹ If abatement is required, a Lead Abatement Plan must be developed and submitted to the Local Health Department or Local Health District for review and approval prior to starting abatement work.

1 Arizona Department of Health Services, “[Interpretation and Clarification of Child Care Licensing Rules in 9 A.A.C.5.](#)” (November 2019)

2 Arkansas Department of Health, “[Choose Safe Places for Child Care Facilities.](#)” (March 2020)

3 Arkansas Department of Human Services Division of Child Care and Early Childhood Education, “[Minimum Licensing Requirements for Child Care Family Homes.](#)” (January 2020)

4 National Center for Healthy Housing, “[The Lead-Safe Toolkit for Home-Based Child Care.](#)” (March 2020)

5 Arkansas Department of Human Services Division of Child Care and Early Childhood Education, “[Minimum Licensing Requirements for Child Care Centers.](#)” (January 2020)

6 State of California, “[Reference Material for Facility Evaluation/Visit.](#)” (June 2008)

7 State of Colorado, “[12 CCR 2509-8 Code of Colorado Regulations, Sections 7.702.54\(C\)\(7\) and 7.707.921\(E\).](#)” (June 2017)

8 Colorado Department of Health & Environment, “[Lead - Child care centers.](#)” (March 2020)

9 State of Connecticut, Office of Early Learning-Division of Licensing, “[Child Care Centers and Group Child Care Homes.](#)” (February 2019).

- **Family Child Care Home providers (homes owned or rented with NO CHILDREN UNDER 6 IN RESIDENCE)** will be required to remediate lead hazards using an EPA-certified contractor trained in lead-safe work practices.
- **Family Child Care Home providers (homes owned or rented WITH CHILDREN UNDER 6 IN RESIDENCE)** will be required to abate the lead hazards identified during the lead inspection. Per the Connecticut Public Health Code, when lead hazards are identified in the home of a child under the age of 6 all hazards must be abated using a CT DPH-licensed lead abatement professional.

Child Care Centers

- A full comprehensive lead inspection is required for buildings constructed prior to 1978. When a comprehensive lead inspection is required, the Lead Inspection Report from the local health department/district (LHD) or a private CT DPH-licensed lead consultant must be submitted to the CT Office of Early Childhood Licensing Division (OEC). If lead-based paint or lead hazards are not identified, no additional documents are required to be submitted. If lead-based paint or lead hazards are identified, the hazards must be corrected by remediating the identified lead hazards using an EPA-certified contractor trained in lead-safe work practices. If abatement is required, a Lead Abatement Plan must be developed and submitted to your Local Health Department or Local Health District for review and approval prior to starting abatement work.

Additional Information: Model Lead Hazard Remediation Plan for Child Day Care Facilities

- If lead hazards are found in a **child care center** or **group child care home** during the lead inspection, providers **remediate** them using an EPA-certified contractor trained in lead-safe work practices.
- After the inspection is completed, a Lead Hazard Remediation Plan is then required. A DPH-licensed lead consultant can write a Lead Hazard Remediation Plan for the provider or the provider can develop one using a Model Lead Hazard Remediation Plan provided by the state. Technical support is provided by licensing professional.
- Lead remediation work must be done using an EPA-certified contractor. The area where the lead remediation work is being done must be closed off to children.¹⁰

Delaware

Family Child Care Homes

- Family child care home providers with homes built prior to 1978 will need to provide a lead paint risk assessment by a testing firm certified by the state to show that the house is free from lead hazards. Unless previously submitted in initial licensing, homes undergoing a licensing renewal will need to provide a lead paint risk assessment if the home was built prior to 1978. If the paint is intact and not peeling, the provider will have to monitor the paint and document whether or not the paint is still intact every 6 months. The regulation specifically calls out that lead paint is not a hazard if it is still intact or if it is not present on an accessible surface.
- **If lead paint hazards are identified in the risk assessment**, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs. Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards. An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards. Children may not be present during repairs and the home must stay closed until the results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.¹¹

Child Care Centers

- An applicant and licensee shall ensure the center is free of lead-based paint hazards. Buildings constructed in or after 1978 are exempt from lead paint risk assessments and testing. If the building(s) were constructed before 1978, an applicant or licensee shall provide to OCCL a lead paint risk assessment performed by an environmental testing firm certified by DPH showing the center to be free of lead-based paint hazards. Before license renewal, unless previously submitted to OCCL, a licensee shall submit this risk assessment.
- **If lead paint is identified but intact** (i.e., not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact and is not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect. If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement/lead renovator) to perform any renovation/repair in a pre-1978 child-occupied facility.
- **If lead paint hazards are identified in the risk assessment**, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs. Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the center is free of lead-based paint hazards. The applicant or licensee shall provide the lead-dust clearance

¹⁰ Connecticut State Department of Public Health, "Lead Information for Child Care Providers," (February 2020).

¹¹ State of Delaware Office of Child Care Licensing, "DELACARE Regulations for Family and Large Family Child Care Homes." (May 2019)

testing results to OCCL within five business days to confirm the center is free of lead-based paint hazards. Children may not be present during repairs and the center must stay closed until the results of the lead dust clearance are at appropriate levels and the lead-safe contractor states it is safe for the center to be open.

- Records of any renovation or repair work must be forwarded to OCCL within five business days. Children may not be present during repairs or renovation until a lead-dust clearance test is obtained and the lead-safe contractor states it is safe for the center to be open. Programs operating in buildings owned by public schools are exempt from subsection 45.B but must follow DOE's hazardous material policies.¹²

Florida **All Child Care Programs:** When constructing a new facility or adding on to existing facility, the provider must provide written approval from local governing body to verify whether or not there is a potential for toxic or hazardous materials in building construction, such as lead.¹³

Georgia **Family Child Care Homes**

- All indoor and outdoor furniture, activity materials, and equipment shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and kept clean.¹⁴

Child Care Centers

- Equipment and furniture shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and shall be kept clean. Outdoor equipment shall be free of lead-based paint, sharp corners and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children.¹⁵

Hawaii **Family Child Care Homes**

- The provider must ensure that child care activities and premises do not expose children to situations which may be hazardous to the particular age or capacity of the child. Lead-based paint shall not be used on surfaces accessible to children.¹⁶

Child Care Centers

- Lead-based paint shall not be used on surfaces accessible to children.¹⁷

Idaho **All Child Care Programs:** Equipment, materials, and furnishings shall be sturdy and free of sharp points and corners, splinters, protruding nails and bolts, hazardous small parts or lead-based paint or poisonous materials.¹⁸ Buildings used to house children must be free from hazardous materials and toxins. An organization must provide documentation of testing for radon gas, materials containing asbestos, and lead paint. Documentation must be maintained at the facility confirming any hazardous material or toxins have been removed or do not pose a threat to the children served. Hazardous materials or toxins are not limited to lead paint, asbestos, and radon.¹⁹

Illinois **Family Child Care Homes**

- All walls and surfaces shall be maintained free from lead paint and from chipped or peeling paint.²⁰

Child Care Centers

- Toxic lead paints or finishes shall not be used on walls, window sills, beds, toys or any other equipment, materials or furnishings that may be used by children or within their reach. Peeling or damaged paint or plaster shall be repaired promptly to protect children from possible hazards. Lead paint removal shall be in accordance with Illinois Department of Public Health rules (77 Ill. Adm. Code 845.85(b)).²¹

Indiana **Child Care Centers:** Peeling paint, on any interior or exterior surface or on any equipment, that contains lead in excess of current ISDH standards, shall be made inaccessible to children until laboratory analysis is made on the peeling material.²²

12 State of Delaware Office of Child Care Licensing, "DELCARE Regulations for Early Care and Education and School-Age Centers." (May 2019)

13 Florida Department of Children and Families, "Child Care Facility Handbook." (December 2019)

14 Georgia Department of Early Care and Learning, "Chapter 290-2-3: Rules and Regulations Family Child Care Learning Homes." (October 2019)

15 Georgia Department of Early Care and Learning, "Chapter 591-1-1: Rules and Regulations Child Care Learning Centers." (October 2019)

16 Hawaii Administrative Rules, "Title 17, Subtitle 6, Chapter 891.1." (December 2002)

17 Hawaii Administrative Rules, "Title 17, Subtitle 6, Chapter 892.1." (December 2002)

18 Idaho Starts, "Child Care Provider Manual: A Guide for Child Care Professionals in Idaho." (July 2018)

19 Idaho Administrative Rules, "16.06.02, Section 726." (March 2020)

20 State of Illinois, "Licensing Standards for Day Care Homes." (January 2019)

21 State of Illinois, "Licensing Standards for Day Care Centers." (January 2019)

22 Indiana Family and Social Services Administration, "Rule 4.7 Child Care Centers: Licensing." (March 2020)

- Iowa**
- Family Child Care Homes**
- A provider operating in a facility built before 1960 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:
 - Conduct a visual assessment of the facility for lead hazards that exist in the form of chipping or peeling paint;
 - Apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by department of public health rules unless a certified inspector determines that the paint is not lead-based paint; and
 - Submit Lead Assessment and Control form,²³ as verification of the visual assessment and completion of interim controls, if necessary²⁴
- Child Care Centers**
- Within one year of being issued an initial or renewal license, centers operating in facilities built before 1960 shall conduct a visual assessment for lead hazards that exist in the form of peeling or chipping paint. If the presence of peeling or chipping paint is found, the paint shall be presumed to be lead-based paint unless a certified inspector determines that it is not lead-based paint.²⁵
 - It is worth noting that the state recommends that you do not need to hire a lead inspector to conduct a visual assessment. The regulation states that the staff at the child care center are capable of doing a visual assessment by using standards outlined by the Iowa Department of Public Health Bureau of Lead Poisoning Prevention. If the presence of peeling or chipping paint is found, interim controls using safe work methods as defined by the state²⁶ shall be accomplished before a full license is issued, but this does not mean the center needs to abate the hazard. Suggested interim control includes, but is not limited to, repair chipping and peeling paint, repair accessible friction surfaces such as windows, covering floors with carpet, stripping paint from surfaces and keeping the building clean. Providers are also required to fill out a lead assessment verification form as part of their licensing.²⁷
- Kansas** No regulations or licensing rules pertaining to lead.
- Kentucky** **All Child Care Programs:** Indoor and outdoor equipment shall be free of lead-based paint and flaking or chalking paint.²⁸
- Louisiana** Unable to find any information on lead, paint, or other hazards in both the inspections and regulation guides. More in-depth material seems to be available only if you are currently a provider and have access to their portal.
- Maine** **All Child Care Programs:** The department shall require a child care facility and the premises of a family child care provider to have an annual screening for potential lead hazards. If potential lead hazards are identified, a full lead inspection must be conducted. A facility found to have lead hazards shall abate or remediate the hazards to at least a lead-safe status. Exempt facilities include those that were constructed in 1978 or later, previously certified as a lead-safe facility within the past 12 months, previously certified as lead-free, or does not serve any children under the age of 6. The provider may not be licensed, registered certified, or otherwise approved or receive any state funds until it is in compliance with this section.²⁹
- Maryland**
- Family Child Care**
- The Provider must submit a copy of the current lead risk reduction or lead-free certificate if facility was built prior to 1978. If it is not certified as lead-free, the provider shall ensure there is no chipping, peeling, flaking, chalking, or deteriorated paint on any surface of an interior or exterior area of the home that is used for child care.
 - **If deterioration of a surface in an area used for child care is noted**, or if renovation of the premises occurs that disturbs a painted surface, the provider will need to arrange to have a lead-dust test conducted by an accredited visual inspector to meet the risk reduction standard, if the home is an affected property. If the home is not an affected property, the provider will need to conduct an assessment in areas used for child care by an accredited risk assessor.
 - If a lead-dust test is required under this regulation, the provider must obtain a passing score on that test and receive verification from the lead inspector performing the test that the requirements of this regulation have been met.
 - **For homes constructed before 1978 that are not certified lead-free**, but are performing a renovation that disturbs the painted surface of an interior or exterior area used for child care, the provider shall ensure that the work is performed by an individual accredited to perform the lead paint abatement services using safe work practices as required by law.³⁰

23 Iowa Department of Human Services, "Lead Assessment and Control." (March 2020)

24 Iowa Department of Human Services, "Chapter 110, Child Development Homes." (November 2018)

25 Iowa Department of Human Services, "Child Care Centers and Preschools Licensing Standards and Procedures." (August 2008)

26 Iowa Bureau of Environmental Health Services, "What To Do At Each Level." (March 2020)

27 Iowa Department of Human Services, "Lead Assessment and Control." (March 2020)

28 Kentucky Administrative Regulations, "Title 922, Chapter 2, Section 120." (March 2020)

29 Maine Revised Statutes, "Title 22, Section 1319-C." (March 2020)

30 Maryland State Board of Education, "Title 13A, Subtitle 15." (January 2020)

Child Care Centers

- A center operator may not use paint with lead content on any exterior or interior surface of the facility or material or equipment used for child care purposes. If the child care center is a residential rental property constructed before 1978, the operator shall submit a copy of the current lead risk reduction or lead-free certificate.
- **If the facility was constructed before 1978 and is not certified lead-free**, the operator shall ensure there is no chipping, peeling, flaking, chalking, or deteriorated paint on any surface of an interior or exterior area of the facility that is used for child care. If deterioration of a surface in an area used for child care is noted, or if renovation of the premises occurs that disturbs a painted surface, the provider will need to arrange to have a lead dust test conducted by an accredited visual inspector pursuant to law to meet the risk reduction standard if the facility is an affected property. If the facility is not an affected property, a risk assessor will conduct an inspection in areas used for child care.
 - If a lead dust test is required under this regulation, the provider must obtain a passing score on that test and receive verification from the lead inspector performing the test that the requirements of this regulation have been met.³¹

Massachusetts Family Child Care

Facility must be maintained on the interior and exterior and be in good repair, free of chipping, flaking or peeling paint. If the facility is not in compliance, the licensee will be given the “Renovate Right” brochure and the policy statement to outline basic facts about lead-safety and provide a timeframe of up to 60 days for the licensee to comply. Until an acceptable plan of compliance is submitted to EEC, the following procedures are in effect:

- If children are in care the educator may not enroll any new children into the program.
- The educator must use an alternative outdoor play space.
- If the peeling/chipping paint is inside the home that room/area cannot be used for child care.
- Entry and exit routes must be kept free of any peeling, flaking or chipping paint.
- Verify that parents have been notified of the dangers of lead poisoning in writing.
- All children in care must have up-to-date lead tests.
- A follow up visit by EEC will be conducted to assure compliance

If the Licensee fails to correct the peeling paint or does not comply with the required procedures outlined above within the timeframe, the educator will be instructed to close the program and go inactive until the home can meet the physical facility requirements. If the educator fails to comply, the case will be referred to the EEC Legal Unit for possible further action.³²

Child Care Centers

Facility must be free of lead paint on all interior and exterior surfaces accessible to children. Children cannot be present when the facility space is being de-lead at the center. Any building constructed prior to 1/1/78 that has undergone renovation or an occupancy change since 1/1/78 must be inspected for the presence of lead. When lead paint is found, a licensee may seek an interim Control Letter from DPH. An interim Control Letter gives a two-year extension of time during which full de-leading of the child care program must occur. However, there are certain requirements that must be met in the interim:

- Removal of the worst of the flaking and chipping lead paint, and
- Assurance that no water leaks exist so that other paint does not crack, chip, and/or peel.

In the event that flaking, chipping or peeling paint is observed in a previously compliant facility, the current licensee must prove that the paint is not lead-based. This may require re-inspection. In the event that lead paint is found, the Department requires that parents be notified and encouraged to have their children screened for lead poisoning and the test results placed in their program records. Depending on the circumstances and the extent of the lead paint problem, the licensee may also be required to send notices to the parents of children, who previously attended the center, informing them of the presence of lead paint and advising them to have their children screened for lead poisoning.³³

Michigan Family Child Care

If the child care home was built prior to 1978, then the licensee shall inform the parents of each child in care and all personnel of the potential presence of lead-based paint or lead dust hazards, unless the licensee maintains documentation from a lead testing professional that the home is lead-safe. The licensee shall also inform parents of each child in care and all personnel, in writing, prior to any remodeling, renovating or re-painting that could potentially disturb lead-based paint or produce lead dust. Providers are encouraged to use EPA Renovation, Repair and Painting (RRP) trained and certified individuals when remodeling child care areas to ensure lead-safety for their children in care.³⁴

31 Maryland State Board of Education, “Title 13A, Subtitle 16.” (January 2020)

32 The Commonwealth of Massachusetts Department of Early Education and Care, “Policy Statement and Working Procedure: Peeling Paint.” (March 2020)

33 The Commonwealth of Massachusetts Department of Early Education and Care, “Policy Statement: Compliance with Lead Paint Requirements.” (March 2020)

34 Michigan Bureau of Community Health Systems, “Licensing Family and Group Child Care Homes.” (March 2020)

Child Care Centers

A lead hazard risk assessment must be completed by a certified lead risk assessor on all centers built before 1978. Any lead hazards identified must be addressed as noted in the lead hazard risk assessment report before issuance of the original license. The results of the assessment must be kept on file at the center. Centers that operate in a school building serving only school-age children are exempt from the requirements in this rule.³⁵

Minnesota

All Child Care Programs: The residence must be free from accumulations of dirt, rubbish, or peeling paint. Equipment or toys which are mouthed or may be chewed must be free of lead-based paint. Toys and equipment with chipped, cracked, or peeling paint must be tested to verify the absence of lead or be replaced.³⁶

Mississippi

All Child Care Programs:

- All parts of the child care facility used by children shall be lead-safe, well lighted, ventilated, and free of hazardous or potentially hazardous conditions, such as but not limited to, open stairs and unprotected low windows.
- All buildings intended for use as a child care facility constructed before 1965 shall be tested for lead. It is the responsibility of the facility applicant/operator to have a lead hazard screen or lead-based paint risk assessment of the facility done by an individual or company certified as a risk assessor by the Mississippi Commission on Environmental Quality.
- If the facility is found not to be lead-safe, it will not be allowed to operate as a child care facility until all required corrective measures have been taken and the facility is determined to be lead-safe by a certified risk assessor.
- Facilities shall utilize Mississippi Department of Environmental Quality (MDEQ) Lead-safe Certified individuals or companies for all renovation, repair and maintenance activities which disturb painted surfaces unless the paint to be disturbed has been documented to be lead-free by an individual or company that is MDEQ Lead-safe Certified as a risk assessor or inspector.
- Walls shall be kept clean and free of torn wall covering, chipped paint, broken plaster, and holes. No paint that contains lead compounds shall be applied to interior walls or woodwork.
- The soil in outdoor playground areas shall be analyzed for lead content initially. It shall be analyzed at least once every two years where the exteriors of adjacent buildings and structures are painted with lead-containing paint. Lead in soil shall not exceed 400 ppm. Testing and analyses shall be in accordance with procedures specified by the licensing agency.³⁷

Missouri

All Child Care Programs:

- If a lead hazard evaluation suggests there may be a lead hazard in the facility a licensed risk assessor must conduct a lead risk assessment. Any facility located in a building built before 1978 must have a Basic Lead Hazard Evaluation conducted. If it is determined that lead is present in paint, dust, soil, toys, mini blinds, pottery, playground equipment, etc., the hazard must be eliminated, Temporary measures to protect the child from the lead hazards must be followed as outlined:
 - A written plan of correction must be submitted to the local inspector, or the Bureau of Child Care Environmental Public Health Specialist.
 - The plan of correction must address eliminating the lead hazard.
 - The facility will be evaluated at each annual inspection to determine if the facility is lead-safe.
- If a lead hazard is found on an initial inspection, the provider will not be licensed or approved until the lead hazard is eliminated. Temporary actions must be implemented to reduce children's exposure to lead hazards. A plan for correction must be developed within 30 days of notification regarding the results of the lead assessment. Permanent correction time frames depend on the severity of the hazard and the effectiveness of the temporary measures. Each situation must be evaluated on a case by case basis. What is appropriate in one situation will not necessarily work for another.³⁸

Montana

Family (<6 children) and Group Child Care (7-12 children) Homes

- The building and grounds used by children must be maintained to ensure the building is in good repair and that children attending the facility shall not be exposed to paint containing lead in excess of .06%.³⁹

Child Care Centers: No rules or regulations pertaining to lead.

35 Michigan Bureau of Community and Health Systems, "Licensing Child Care Centers." (March 2020)

36 Minnesota Administrative Rules, "Chapter 9502, Section 0435." (March 2020)

37 Mississippi State Department of Health, "Regulations Governing Licensure of Child Care Facilities." (October 2019)

38 Missouri Bureau of Child Care, "Sanitation Inspection Guidelines for Licensed Group Child Care Homes, Licensed Child Care Centers and License-Exempt Child Care Facilities." (July 2005)

39 State of Montana Department of Public Health and Human Services, "Requirements for Registration of Family and Group Child Care Homes." (September 2018)

- Nebraska** **All Child Care Programs:** The facility and any building on the premises in or around areas where children are present must be kept free of exposed lead-based paint surfaces that are flaking, peeling or chipped.^{40 41 42}
- Nevada** **All Child Care Programs:** Equipment and any material other than a toy that is used for play in a facility must be durable and free from characteristics that may be hazardous or injurious to a child who is less than 2 years of age, including, without limitation, such characteristics as sharp or rough edges, toxic paint or objects that are small enough for a child of that age to swallow and choke on.⁴³
- New Hampshire** **All Child Care Programs:** Programs shall maintain the child care environment free of conditions hazardous to children, including, but not limited to loose and flaking paint which is accessible to children. Pursuant to 40 CFR 745 when interior or exterior surfaces of a building built prior to 1978 are in a deteriorating condition, including flaking, chipping, and peeling paint, or are subject to renovations or construction, a U.S. Environmental Protection Agency certified Renovation, Repair, and Painting (RRP) contractor shall be utilized, in accordance with 40 CFR 745.90(a) and (b) and He-P 1600. Additionally, until such time as the deteriorated surfaces can be made intact, the program shall provide the department with a plan, in writing, that ensures children will not have access to those surfaces and includes the expected date of completion of the work. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard.⁴⁴
- New Jersey** **Family Child Care Homes:** The home shall be free of exposed lead-based paint surfaces, which are flaking, peeling or chipped.⁴⁵
- Child Care Centers:** The center shall be free from lead paint hazards. The center shall comply with the lead paint inspection requirements, unless the center:
- Is located in a building constructed after 1978;
 - Submits documentation to the Office of Licensing of a previous lead paint inspection conducted by a Lead Inspector/Risk Assessor, who is certified, indicating the center is free of lead-based paint hazards;
 - Or submits documentation to the Office of Licensing and the local department of health of:
 - a lead paint inspection and risk assessment conducted by a Lead Inspector/Risk Assessor, who is certified, within the previous 12 months indicating the presence of lead; and
 - a lead paint risk management plan currently in progress at the center.
- The center shall ensure that a lead paint inspection of all painted surfaces of the center is conducted by a Lead Inspector/Risk Assessor, who is certified by the New Jersey ,Department of Community Affairs (DCA) and employed by either a public health agency or a lead evaluation contractor certified by DCA, as specified in N.J.A.C. 5:17. If a lead paint risk assessment indicates the presence of a lead hazard, the center shall ensure that all lead hazards are remediated pursuant to N.J.A.C. 5:17 and 5:23 by a Lead Abatement Contractor who is certified.⁴⁶
- New Mexico** **Child Care Centers:** A center will keep the premises, including furniture, fixtures, floors, drinking fountains, toys and equipment clean, safe, and in good repair. The center and premises will be free of debris and potential hazards.⁴⁷
- New York** **Family Child Care:** Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.^{48 49 50}
- North Carolina** **Child Care Centers:** Equipment and furnishings shall be sturdy, stable, and free of hazards that may injure children including sharp edges, lead-based or peeling paint.⁵¹
- North Dakota** **Family Child Care:** No rules pertaining to lead.
- Group Child Care and Child Care Centers:** A provider shall ensure that all group child care buildings erected before January 1, 1970, which contain painted surfaces in a peeling, flaking, chipped, or chewed condition in any area where children may be present, must have painted surfaces repainted or shall submit evidence that the paints or finishes do not contain hazardous levels of lead-bearing substances.^{52 53}

40 Nebraska Department of Health and Human Services, "Title 391, Chapter 1." (May 2013)

41 Nebraska Department of Health and Human Services, "Title 391, Chapter 2." (May 2013)

42 Nebraska Department of Health and Human Services, "Title 391, Chapter 3." (May 2013)

43 Nevada Administrative Code, "432A.425." (March 2020)

44 State of New Hampshire Code of Administrative Rules, "NH Child Care Licensing Rules 2017-2027." (March 2020)

45 State of New Jersey, Department of Children and Families, "Chapter 54, Manual of Requirements for Family Child Care Registration." (March 2017)

46 State of New Jersey, Department of Children and Families, "Chapter 52, Manual of Requirements for Child Care Centers." (March 2017).

47 New Mexico Administrative Code, "Title 8, Chapter 16, Part 2." (March 2020)

48 New York State Child Day Care Regulations, "Part 417: Family Day Care." (February 2020)

49 New York State Child Day Care Regulations, "Part 418: Child Day Care Centers." (February 2020)

50 New York State Child Day Care Regulations, "Part 418-2: Small Day Care Centers." (February 2020)

51 North Carolina Division of Child Development and Early Education, "Chapter 9 - Child Care Rules." (September 2019)

52 North Dakota Administrative Code, "Chapter 75-03-09." (March 2020)

53 North Dakota Administrative Code, "Chapter 75-03-10." (March 2020)

Ohio	<p>All Child Care Programs:</p> <ul style="list-style-type: none"> • Safe Equipment: Equipment such as, but not limited to, climbing gyms, swings, slides must be free of rust, cracks, holes, splinters, sharp points or edges, chipped or peeling paint, lead hazards, toxic substances, protruding bolts or tripping hazards. Equipment, materials, and furniture shall be sturdy, safe and easy to clean and maintain. They shall also be free of sharp points or corners, splinters, or protruding nails; loose or rusty parts; paint which contains lead or other poisonous materials; or other hazardous features. • Safe Environment: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being, including but not limited to: stoves, bodies of water, window covering pull cords, telephone cords, electrical cords, extension cords, lead hazards, asbestos, wells, traffic, provider's, staff's or household member's personal belongings and other environmental hazards and dangerous situations. Renovations and remodeling to the home shall be conducted in a safe manner to ensure that lead poison hazards are not introduced into the environment as required by Chapter 3742 of the Ohio Revised Code. 54
Oklahoma	<p>Family Child Care: No rules pertaining to lead.</p> <p>Child Care Centers: Facility's walls and ceilings must be free from peeling paint.⁵⁵</p>
Oregon	<p>All Child Care Programs: All licensed child care facilities must be tested prior to licensure, by September 2018 for existing facilities and every 6 years thereafter. Sampling is at all locations accessible to children or used for consumption. If elevated levels are detected programs must provide bottled water and take corrective action. Parents must be notified and results posted in the building.⁵⁶</p>
Pennsylvania	<p>All Child Care Programs:</p> <ul style="list-style-type: none"> • Peeled or damaged paint or damaged plaster is not permitted on indoor or outdoor surfaces in the child care facility. • When indoor or outdoor surfaces are repaired or when new indoor or outdoor surfaces are painted, the paint may not contain more than .06% lead. • A child may not be present during removal of paint from the indoor or outdoor surfaces of a facility. • Removal, clean-up and disposal of leaded paint dust and debris shall be accomplished in a manner that avoids dispersal of dust and debris into the environment. • Abrasive removal methods which include dry sanding, electrical sanding and sandblasting or open flame burning, or a removal process that permits the release of leaded particulate material into the environment are prohibited. • Dust and debris generated by removal shall be disposed of in accordance with applicable Federal, State and local regulations. • Child care may resume when the removal process is completed and when all accompanying debris is removed.^{57 58}
Rhode Island	<p>All Child Care Programs: There shall not be any peeling or damaged paint or plaster in any area of the residential facility, either interior or exterior. The residential facility serving children under the age of six (6) years shall comply with rules and regulations promulgated by the Rhode Island Department of Health pursuant to the Lead Poisoning Prevention Act and shall comply with recommendations resulting from lead inspections conducted pursuant to statute and regulations.⁵⁹</p>
South Carolina	<p>All Child Care Programs:</p> <ul style="list-style-type: none"> • To prevent lead poisoning in children, child care facilities shall meet applicable lead-based paint requirements, as established by the South Carolina Department of Health and Environmental Control, pursuant to South Carolina Code annotated Section 44-53-1310, et seq., and Regulation Number (61-85). • Floors, walls, ceilings, windows, doors and other surfaces shall be free from hazards such as peeling paint, broken or loose parts, loose or torn flooring or carpeting, pinch and crush points, sharp edges, splinters, exposed bolts and openings that could cause head or limb entrapment.^{60 61}
South Dakota	No rules or regulations pertaining to lead in child care settings.
Tennessee	<p>All Child Care Programs: The play/care areas shall be free of hazardous conditions, items, or materials. No specific call-out relating to lead.⁶²</p>

54 Ohio Administrative Code 5101: 2-12-12 and 2-12-13.

55 Oklahoma Department of Human Services, "Licensing Requirements for Child Care Programs." (December 2018)

56 Oregon Department of Education-Early Learning Division, "Child Care Rules." (February 2020).

57 Pennsylvania Administrative Code, "Chapter 3270: Child Day Care Centers." (March 2020)

58 Pennsylvania Administrative Code, "Chapter 3280: Group Child Day Care Homes." (March 2020)

59 State of Rhode Island Department of Children, Youth and Families, "Residential Care Regulations for Licensure." (January 2013)

60 South Carolina Department of Social Services, "Document Number 4747: Regulations for the Licensing of Child Care Centers." (March 2020)

61 South Carolina Department of Social Services, "Document Number 2925: Regulations for the Licensing of Group Child Care Homes." (March 2020)

62 Tennessee Department of Human Services, "Licensure Rules for Child Care Agencies." (March 2020)

Texas	All Child Care Programs: Must ensure paints used at the facility are lead-free. ^{63 64}
Utah	All Child Care Programs: The provider shall ensure that any building or play structure on the premises constructed before 1978 that has peeling, flaking, chalking, or failing paint is tested for lead. If lead-based paint is found, the provider shall contact their local health department within 5 working days and follow required procedures for remediation of the lead hazard. ^{65 66}
Vermont	All Child Care Programs: If the facility to be licensed was constructed prior to 1978 and has not been determined to be lead-free by an inspector licensed by the Vermont Department of Health, the prospective provider shall comply with the requirements of the Vermont Lead Law prior to licensure and shall ensure that Essential Maintenance Practices (EMP) have been performed. Information from the EMP shall be included in the initial application for licensure. An application may be denied on the basis of children potentially exposed to lead as a health hazard. The provider shall comply with the requirements of 18 V.S.A. Chapter 38 Vermont Lead Law and shall ensure that Essential Maintenance Practices (EMP) is performed. This includes but is not limited to protecting children from peeling or chipping paint, and dust build up from the friction of moving doors or windows. ^{67 68}
Virginia	All Child Care Programs: Areas and equipment of the facility, inside and outside, shall be maintained in a clean, safe and operable condition. Unsafe conditions include chipped or peeling paint. ^{69 70}
Washington	No regulations or rules pertaining to lead paint in child care facilities.
West Virginia	<p>Family Child Care Homes</p> <ul style="list-style-type: none"> • The facility needs to be safe, in good repair, and free of potentially hazardous characteristics such as toxic paint.⁷¹ <p>Child Care Centers</p> <ul style="list-style-type: none"> • A center shall seal or remove lead paint from the premises according to current safety standards and at a time when the children are absent during the entire sealing or removal process. The center shall secure approval from the Health Department prior to implementing a plan to deal with lead paint. A center shall provide furnishings, equipment and materials that are in good repair and free of identified poisons or paint that contains lead and are regularly inspected by staff for potential hazards.⁷²
Wisconsin	All Child Care Programs: The premises shall have no flaking or deteriorating paint on exterior or interior surfaces in areas accessible to children. Lead-based paint or other toxic finishing material may not be used on any surface on the premises. Where any construction or remodeling on the premises that has the potential to affect an area accessible to children or a condition of the license, notification shall be provided in writing to families before the construction or remodeling begins. ^{73 74}
Wyoming	<p>All Child Care Programs:</p> <ul style="list-style-type: none"> • If present, lead-based paint shall not present a poisoning hazard. Building components including walls, doors and windows that have been painted with lead-based paint shall have the paint safely removed, covered over or shall be maintained to ensure dust lead levels do not exceed one hundred (100) micrograms/sq. ft. on the floors (including carpeted floors), five hundred (500) micrograms/sq. ft. on the interior window sills and eight hundred (800) micrograms/sq. ft. in the window troughs. • Lead-poisoning hazards shall be minimized during lead-based paint removal and remodeling of all pre-1978 facilities.⁷⁵

Note: Some states do not differentiate regulations based on program type.

63 Texas Department of Family and Protective Services, "[Minimum Standards for Child-Care Homes](#)." (March 2018)

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65 Utah Department of Health, "[R430-90: Licensed Family Child Care](#)." (March 2020)

66 Utah Department of Health, "[R381-100: Child Care Centers](#)." (March 2020)

67 Vermont Department for Children & Families, "[Child Care Licensing Regulations: Registered and Licensed Family Child Care Homes](#)." (March 2020)

68 Vermont Department for Children & Families, "[Child Care Licensing Regulations: Center Based Child Care and Preschool Programs](#)." (March 2020)

69 Virginia Department of Social Services, "[Standards for Licensed Child Day Care Centers](#)." (October 2019)

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73 Wisconsin Administrative Code, "[Licensing Rules for Family Child Care Centers](#)." (September 2019)

74 Wisconsin Administrative Code, "[Licensing Rules for Group Child Care Centers and Child Care Programs Established or Contracted for by School Boards](#)." (September 2019)

75 Wyoming Department of Family Services, "[Licensing Rules](#)." (March 2020)

Appendix B

State Regulations Relevant to Lead in Water & Child Care

California Licensed centers constructed before 2010 (home-based facilities not covered) are required to have water testing before initial licensing, by 2023 for existing programs and every five years thereafter. If lead is found, the program must stop using affected fixtures and obtain a potable source of water, post all test results online and notify parents of results.⁷⁶

Connecticut **Family Child Care Homes**
For all family child care homes, if the water is not from a public water system, the provider will need to have the water tested for lead by a lab certified by the state. All child care homes that use a private well will have to have a water test that includes testing for lead. Water tests are required every two years.

Regarding water testing, child care programs must provide bottled water until remediation is completed.⁷⁷

Group Child Care Homes and Child Care Centers

Group Child Care Homes and Child Care Centers must also submit a copy of first draw water test for lead every 2 years for all water supplies regardless if the facility is on a public water supply or a private well to the Licensing Division.

- ***If lead hazards are found...***

1. Child Care Center and Group Child Care operators will be required to remediate the identified lead hazards using an EPA-certified contractor trained in lead-safe work practices.
2. Family Child Care Homes providers (homes owned or rented with NO CHILDREN UNDER 6 IN RESIDENCE) will be required to remediate lead hazards using an EPA-certified contractor trained in lead-safe work practices.
3. Family Child Care Homes providers (homes owned or rented WITH CHILDREN UNDER 6 IN RESIDENCE) will be required to abate the lead hazards identified during the lead inspection. Per the Connecticut Public Health Code, when lead hazards are identified in the home of a child under the age of 6 all hazards must be abated using a Connecticut Department of Public Health (CT DPH)-licensed lead abatement professional.
4. If abatement is required, a Lead Abatement Plan must be developed and submitted to the Local Health Department or Local Health District for review and approval prior to starting abatement work.

Model Lead Hazard Remediation Plan for Child Day Care Facilities

- If lead hazards are found in a child care center or group child care home during the lead inspection they must remediate them using an EPA-certified contractor trained in lead-safe work practices.
- After the inspection is completed, a Lead Hazard Remediation Plan is then required. A DPH-licensed lead consultant can write a Lead Hazard Remediation Plan for the provider or the provider can develop one using a Model Lead Hazard Remediation Plan provided by the state. Technical support is provided by licensing.
- Lead remediation work must be done using an EPA-certified contractor. The area where the lead remediation work is being done must be closed off to children.⁷⁸

Illinois Licensed centers and home-based child care facilities constructed before 2000 must be tested before initial licensing and by 2019 for existing licensed facilities. If lead is detected it must be retested six months later, followed by every year until two consecutive tests indicate no lead. Sampling occurs at all drinking water sources versus just one. Programs have to demonstrate a mitigation and implementation plan. Testing information, results and mitigation efforts are provided to parents in enrollment materials and results must be posted in the building.⁷⁹

Maine Family child care providers (centers not covered) have to perform one-time testing at a single outlet prior to licensing. If test exceeds acceptable level, the outlet must be retested. If it is still exceeded after retesting, the provider must replace the fixture. If elevated levels continue, they may use bottled water and a notification of bottled water agreement must be posted in the building.⁸⁰

New Hampshire	All licensed child care facilities must be tested before initial license in addition to existing facilities and every 5 years thereafter. No further testing is required after 3 consecutive tests below the standard. Sampling is done at all drinking locations available to the children. While correcting programs must provide water and implement an approved remediation plan. Parents must be notified within 5 business days if samples are above the standard. ⁸¹
New Jersey	All licensed child care facilities must be tested at their initial or review application, relocation and upon request from the state. Sampling is done of all faucets used for drinking or food preparation and at least 50% of all indoor faucets utilized. Programs must provide bottled water for drinking and food preparation, label taps and take remedial action if elevated level is found. Results must be posted in building. Parents and state agency must be notified. ⁸²
New York City	Child care programs (home-based not covered) must be tested within 60 days of opening and if they are an existing facility and every 5 years thereafter. Sampling will be of all drinking water faucets and fountains. Programs will provide bottled water until remedial actions in a corrective action plan are completed. Results are posted by the city at Child Care Connect. ⁸³
North Carolina	Licensed child care centers must be tested with new license or by October 2020 for existing facilities and every three years after and upon renovation or repairs. All outlets used for drinking or food preparation are tested. If elevated level is found program must stop use and provide alternative water source. The state will retest outlets. Results must be publicly available if elevated. ⁸⁴
Oregon	All licensed child care facilities must be tested prior to licensure, by September 2018 for existing facilities and every 6 years thereafter. Sampling is at all locations accessible to children or used for consumption. If elevated levels are detected programs must provide bottled water and take corrective action. Parents must be notified and results posted in the building. ⁸⁵
Rhode Island	All licensed child care programs must be tested prior to licensing and for renewal if significant modifications are made to the plumbing system. Sampling occurs at all locations used for preparation or consumption. Programs must provide bottled water, label taps and replace lead containing plumbing materials or use a certified filter. ⁸⁶
Vermont	Legislative lead law change was made after a water testing pilot found elevated levels in several Vermont schools. The law requires every water fixture used for drinking or cooking in every K-12 school, both public and private, and child care center in the state to be tested for lead. If the toxic metal is detected at 4 parts per billion or higher, that tap or faucet must be taken offline until remediation brings the levels down. ⁸⁷ Testing must be completed by 2021 for existing programs. Sampling occurs at all taps used for drinking, cooking food prep and brushing teeth. Sample will collect first draw and 30-second flushed samples. Programs must take immediate action and remediate using state guidance if level elevated. All testing and remediation plans are provided to parents and available online. ⁸⁸
Washington	All licensed early learning must be tested prior to licensing, existing facilities by November 2018 and every 6 years thereafter. Sampling will occur at all locations used to obtain water for consumption. The program will close or supply bottled water during remediation and notify the state licensing agency. Parents will be notified of the problem and when it is resolved. ⁸⁹

76 California Legislative Information, "[AB-2370 Lead exposure: child day care facilities: family day care homes.](#)" (September 2018.)

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78 Connecticut State Department of Public Health, "[Lead Information for Child Care Providers.](#)" (February 2020).

79 The Flinn Report, "[Illinois Regulation.](#)" (January 2019).

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28. Ohio Revised Code, [5104.01.](#)
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As Executive Director, Shannon leads Groundwork Ohio's statewide effort to advance quality early care and education so every Ohio child has the best chance for lifelong success. Prior to joining Groundwork, Shannon served in the Ohio General Assembly for a decade as a state representative and a state senator, where she was chosen by her colleagues for key leadership posts in both chambers. She is the only woman in her party, and first in Ohio history, ever to achieve the distinction of election to the leadership teams in both chambers. Known as a leader who is willing to tackle the most difficult and complex issues, Shannon used her trusted influence to put kids at the top of the legislative agenda. Her efforts resulted in a renewed focus by the state on policies that support the health

and educational opportunities of Ohio's most vulnerable children. Shannon's most significant legislative effort led to a statewide bipartisan mandate to improve Ohio's abysmal infant mortality epidemic. She has continued to provide this same spirit of leadership at Groundwork with her fierce commitment to tell the full story of racial and geographic disparities experienced by Ohio's youngest children through the Ohio Race and Rural Equity Report. Shannon earned a bachelor's degree from the University of Cincinnati, and in 2008 was selected for the Rodel Fellowship by the prestigious Aspen Global Leadership Institute. She also currently serves as a Warren County Commissioner and as a board member for the Health Policy Institute of Ohio and the YWCA of Dayton.

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Lynanne supports Groundwork Ohio's statewide effort to advance quality early learning and healthy development strategies during the prenatal through five period of life that lay a strong foundation for Ohio kids, families and communities by leading the development and implementation of Groundwork's policy agenda, priorities and strategies through effective communication, advocacy, research and data analysis. Lynanne manages the Groundwork Ohio policy team and key policy initiatives supported by state and national partnerships and coalitions. A dedicated child advocate committed to equitable outcomes for all Ohio children, Lynanne has been the project lead for the Ohio Early Childhood Race & Rural Equity project and Groundwork's new coalition driven

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Julia Hohner

Communications & Development Director

Julia supports Groundwork by advancing its mission through strategic communication and development initiatives. Julia has significantly developed Groundwork's digital footprint including its website, social media and a robust and growing list of weekly and monthly external communications. Julia also works to enhance Groundwork's communications efforts through the development of print and digital resources to further engage child advocates, legislators, and the press in Groundwork's advocacy efforts. Julia leads Groundwork's body of work focused on Ohio's early childhood workforce. She also contributes to Groundwork's development efforts through grant research, project impact reporting, and ongoing organizational efforts to ensure long-term sustainability and efficiency for

Groundwork Ohio. Before Groundwork, Julia worked as a Graduate Assistant in John Carroll University's Center for Service and Social Action. Her efforts focused on managing several service learning opportunities for John Carroll students including the Carroll Reads Early Literacy, We the People, and Youth for Justice programs facilitated at schools in Cleveland and East Cleveland, as well as a social emotional learning program facilitated with residents of the Cuyahoga County Juvenile Detention Center. Prior to her time at John Carroll, Julia worked as a Retreat Associate at CrossRoads Ministry, an urban justice-based retreat center in Louisville, Kentucky. Julia holds a B.S. and an M.A. in Nonprofit Administration from John Carroll University.

Contributors

Julia Jackels

Policy Associate

Julia supports the development and implementation of Groundwork's policy agenda, priorities and strategies through effective communication, advocacy, research, and data analysis. Prior to joining Groundwork Ohio, Julia served as the Legislative Assistant to the Government Relations team at Roetzel & Andress where she provided legislative support on state-level issues impacting clients. Previously, Julia served as an intern in the District Office of Former Speaker of the U.S. House of Representatives, John Boehner. Julia holds a B.A. in Political Science from Miami University in Oxford, Ohio.

JP DESIGN

(Jennifer Peters)

Jennifer brings design implementation to briefs and marketing materials for Groundwork. Her designs for the Ohio Early Childhood Race & Rural Equity Report helped to translate the massive amount of data into a cohesive and impactful advocacy story through her graphic and organizational expertise for quality communication. With a diverse background of marketing and design experiences, she utilizes inherent passion and energy combined with industry expertise to produce a variety of projects. Jen received a BFA from Miami University in 2003 and has also been an instructor of visual communication courses at Columbus College of Art & Design. JP's mission is to provide visual and verbal solutions that meet the appropriate creative and strategic objectives of each, unique client.

A special thanks to the early childhood stakeholders across Ohio and the nation for your time and contributions.

While Groundwork Ohio independently wrote and published the analysis and recommendations in this report with citations to all print sources, we acknowledge and thank you for contributing to a deeper understanding of the intersection of lead poisoning prevention and child care either by allowing us to listen and learn from you and your experience through an in-depth interview, participation in a group meeting or a casual conversation or connection. Among those engaged or interviewed for this report include representatives from the following organizations:

- Allen County Head Start
- Alliance for Early Success
- American Academy of Pediatrics-Ohio Chapter
- BUILD Initiative
- CCS Construction Company
- Cleveland Lead Advocates for Safe Housing (CLASH)
- Case Western Reserve University
- Catholic Charities Diocese of Cleveland
- City of Cleveland
- Corporation for Ohio Appalachian Development
- Cuyahoga County Board of Health
- Dichter Consulting
- EdTrust
- Enterprise Community Partners
- Harcatus Head Start
- Horizon Education Centers
- Invest in Children
- Lead Safe Cleveland Coalition—Lead Safe Child Care Settings Subcommittee
- Metro West Community Development Organization
- Mississippi State Department of Health
- Mt. Sinai Health Care Foundation
- National Collaborative for Infants and Toddlers
- North Carolina Early Childhood Foundation
- Ohio AEYC
- Ohio Department of Developmental Disabilities
- Ohio Department of Education
- Ohio Department of Health
- Ohio Department of Job and Family Services
- Ohio Department of Medicaid
- Ohio Lead Free Kids Coalition
- PNC Bank
- Parents
- Pritzker Children's Initiative
- Rhode Island Kids Count
- Starting Point
- The Centers
- The Cleveland Foundation
- West Ohio Community Action Partnership



Building the Way
to a
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*Investigating a Path Forward
to Ensure Ohio's Youngest
Children are Safe from
Lead Paint Hazards in
Child Care Settings*



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