

HEALTH

PUBLIC HEALTH SERVICES BRANCH

DIVISION OF FAMILY HEALTH SERVICES

MATERNAL AND CHILD HEALTH SERVICES

CHILD AND ADOLESCENT HEALTH PROGRAM

Childhood [Lead Poisoning] Elevated Blood Lead Levels

Proposed Amendments, Repeals, and New Rules: N.J.A.C. 8:51

Authorized By: Cathleen D. Bennett, Commissioner, Department of Health (in consultation with the Public Health Council).

Authority: N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.

Calendar Reference: See Summary below for explanation of exception from calendar requirement.

Proposal Number: PRN 2016 _____.

Submit electronic comments to <http://www.nj.gov/health/legal/ecomments.shtml>,

or written comments to the address below, by _____, to:

Joy L. Lindo, Director

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Office of the Commissioner

New Jersey Department of Health

PO Box 360

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The agency proposal follows:

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Summary

The Department of Health (Department) proposes to amend the rules at N.J.A.C. 8:51 and to rename the chapter Childhood Elevated Blood Lead Levels, pursuant to the authority of and in order to implement N.J.S.A. 24:14A-1 et seq., particularly 24:14A-11; 26:1A-7; 26:2-137 et seq., particularly 26:2-137.7; and 26:2Q-1 et seq., particularly 26:2Q-12; and Executive Order No. 100 (Corzine, April 29, 2008). N.J.A.C. 8:51 is scheduled to expire on May 14, 2017 in accordance with N.J.S.A. 52:14B-5.1 and Executive Order No. 66 (1978).

The Department has reviewed N.J.A.C. 8:51 and has determined that while the existing rules continue to be necessary, reasonable, efficient, understandable and responsive to the purposes for which they were originally promulgated, the rules need to be updated in order to advance those purposes. The proposed amendments and new rules would continue to provide the regulatory framework to fulfill the Department's obligation to protect children from adverse health effects due to exposure to lead hazards in their homes and in the environment. The proposed amendments and new rules discussed below would also protect children that have been identified with elevated blood lead levels from further exposure to lead hazards.

Following is a summary of the proposed amendments and new rules:

The Department proposes to amend N.J.A.C. 8:51-1.3(a)3 to update the edition of the publication "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing" to the 2012 edition. The Department proposes to incorporate the

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publication, “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention,” by the Advisory Committee on Childhood Lead Poisoning Prevention, Centers for Disease Control and Prevention (CDC), as new subsection N.J.A.C. 8:51-1.3(a)4. The Department proposes to incorporate the publication, “CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in ‘Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention’,” by the Centers for Disease Control and Prevention, as new subsection N.J.A.C. 8:51-1.3(a)5. The Department proposes to incorporate by reference the new rules at Appendix L, which would serve to assist local health departments in conducting preliminary environmental evaluations of the homes of children who have been identified as having elevated blood lead levels, as new paragraph N.J.A.C. 8:51-1.3(b)9.

The Department proposes several new definitions and amendments to existing definitions at N.J.A.C. 8:51-1.4 in order to make the rule text more understandable. In this section and throughout the chapter, the Department proposes to correct its name from the “Department of Health and Senior Services” and/or “DHSS” to the “Department of Health” and/or “DOH.” The Department proposes to add a definition for “Advisory Committee on Childhood Lead Poisoning Prevention,” to explain the source of the recommendation to the U.S. Centers for Disease Control and Prevention that five micrograms per deciliter ($\mu\text{g}/\text{dL}$) of lead in the blood should be regarded as an elevated blood lead level. The Department proposes to amend the definition of “Case management” to remove language referencing “level of concern” because it is a term no

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longer used by the CDC and to replace it with more definitive language referencing 5 µg/dL.

The Department proposes to amend the definition of “Elevated blood lead level” to mean a blood lead level test result equal to or greater than 5 µg/dL. The Department proposes to amend the definition “Hazard assessment” to include collection of background information regarding physical characteristics, residential use patterns upon notification of a confirmed blood lead level of 5 µg/dL or higher, and delete language referring to women of child bearing age and replace it with language more aptly referring to pregnant women. The Department proposes to amend the definition of “HUD guidelines” to refer to the most recent edition of the guidelines, which is 2012. The Department proposes to add a new definition for “local board of health” or “local boards of health” as these terms are, and would continue to be, used frequently throughout the chapter. The Department proposes to add a new definition for “preliminary environmental evaluation,” which would describe the public health action that would be taken by local health departments in response to a child who has a confirmed elevated blood lead level in the 5 to 9 µg/dL range.

The Department proposes to amend N.J.A.C. 8:51-2.1(a) and 2.1(b) to delete language referring to children under 6 years of age and insert language referring to children less than 72 months in order to more precisely prescribe the age range of children to which the rule applies. The Department proposes to amend N.J.A.C. 8:51-2.3(a) and (a)1 to lower the intervention level for conducting an environmental intervention or a preliminary environmental evaluation, to a confirmed blood lead level of

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5 µg/dL. In addition, the Department proposes to amend N.J.A.C. 8:51-2.3(b) to lower the reference blood lead level to 5 µg/dL.

The Department proposes to amend N.J.A.C. 8:51-2.4(a) to eliminate the requirement of a confirmed blood lead level, to lower the intervention level for case management to a blood lead level of 5 µg/dL or greater, and to eliminate language referring to two consecutive test results between 10 and 14 µg/dL. The Department proposes to add a new subsection at N.J.A.C. 8:51-2.4(b) to establish minimum case management requirements for local health departments to follow whenever a child has a capillary blood lead level of 5 µg/dL to 9 µg/dL. These would include education for parents and guardians, recommending follow up venous blood screenings of other children and pregnant women living in the household, follow up with the child's health care provider, education on how to reduce blood lead levels, and referrals to appropriate community resources to obtain assistance with health insurance, transportation services, and/or supplemental nutrition services. The Department proposes to recodify existing N.J.A.C. 8:51-2.4(b) as 2.4(c) and to amend this subsection by lowering the threshold blood lead level that would trigger case management to 5 µg/dL or greater and eliminating language regarding two consecutive blood lead level test results between 10 and 14 µg/dL within a one to three month time period. Recodified N.J.A.C. 8:51-2.4(c)3 would be amended to provide that the public health nurse shall review the Hazard Questionnaire in the case of a child who has two confirmed blood lead levels of 5-9 µg/dL or one confirmed blood lead level of 10 µg/dL, or the Preliminary Environmental Evaluation in the case of a child with a single

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confirmed blood lead level 5-9 µg/dL. Recodified N.J.A.C. 8:51-2.4(c)4 would be amended to delete language referring to CDC recommendations and replace it with language referencing N.J.A.C. 8:51A, which would follow a 5 µg/dL blood lead level case management standard. The Department proposes to amend recodified N.J.A.C. 8:51-2.4(c)7 to delete language referring to children between 6 months and 6 years of age and insert language referring to children at least six months and less than 72 months in order to more precisely prescribe the age range of children to which the rule applies. Recodified N.J.A.C. 8:51-2.4(c)8 would be amended to delete (c)8i and (c)8ii which refer to a fund at the Department of Community Affairs that no longer exists. Recodified N.J.A.C. 8:51-2.4(c)14 would be amended to delete language referencing the child health conference and the Division of Youth and Family Services and replace it with language referencing the Department of Children and Families. In addition, the Department proposes to capitalize each word of “Federally Qualified Health Center” at recodified N.J.A.C. 8:51-2.4(c)14. The Department proposes to recodify existing N.J.A.C. 8:51-2.4(c) as N.J.A.C. 8:51-2.4(d) and amend recodified N.J.A.C. 8:51-2.4(d)2 to refer to recodified 2.4(c). The Department proposes to amend recodified N.J.A.C. 8:51-2.4(d)3 by adding new subparagraph (d)3xii that would recommend that the primary care provider communicate with the New Jersey Poison Information and Education System concerning medical treatment. The Department proposes to recodify existing N.J.A.C. 8:51-2.4(d) as N.J.A.C. 8:51-2.4(e). The Department proposes to recodify existing N.J.A.C. 8:51-2.4(e) as N.J.A.C. 8:51-2.4(f) and amend recodified N.J.A.C. 8:51-2.4(f)2 to incorporate a 5 µg/dL blood lead level case management

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standard. The Department proposes to amend recodified N.J.A.C. 8:51-2.4(f)7 to delete the archaic term “lead-burdened” and replace it with descriptive language referencing a child with an elevated blood lead level.

The Department proposes to amend N.J.A.C. 8:51-2.5(a) to establish a case management schedule for each child with an elevated blood lead level. The Department proposes to delete the requirement that case management is for confirmed blood lead levels by venous samples only in all cases. The Department proposes to add language that capillary testing resulting in blood lead levels from 5 to 9 µg/dL shall trigger case management intervals within four weeks. The Department proposes to add language that venous sample testing resulting in blood lead levels of 5 to 14 µg/dL shall trigger case management intervals within three weeks. The Department proposes to add language that venous sample testing resulting in blood lead levels of 15 to 19 µg/dL shall trigger case management intervals within two weeks, that venous sample testing resulting in blood lead levels of 20 to 44 µg/dL shall trigger case management intervals within one week, that venous sample testing resulting in blood lead levels of 45 to 69 µg/dL shall trigger case management intervals within 48 hours, and that venous sample testing resulting in blood lead levels greater than or equal to 70 µg/dL shall trigger case management intervals within 24 hours. In addition, the Department proposes to delete language referencing two consecutive test results between 10 and 14 µg/dL for case management purposes.

The Department proposes to amend the blood lead level at N.J.A.C. 8:51-3.1 and 3.2(a) to 5 µg/dL or greater, which would require the Department to notify a local board

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of health of a case and the local board of health to report actions to the Department through the database. The Department proposes new rules at N.J.A.C. 8:51-3.2(a)3 which would require local boards of health to conduct preliminary environmental evaluation activities. The Department proposes to amend N.J.A.C. 8:51-3.3(a) to direct local boards of health not to disclose records of preliminary environmental evaluation activities to protect patient confidentiality. The Department proposes to amend the title of N.J.A.C. 8:51 Subchapter 4 to include preliminary environmental evaluation. The Department proposes to amend the header at N.J.A.C. 8:51-4.1 to indicate that the section prescribes procedures for environmental intervention for children with confirmed blood lead levels of 5 µg/dL or greater. The Department proposes to amend N.J.A.C. 8:51-4.1(a) to provide that whenever a child has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one to four month period of 5-9 µg/dL, that the local board of health in the jurisdiction where the child resides shall provide environmental intervention. The Department proposes to amend language from the environmental intervention schedule at N.J.A.C. 8:51-4.1(e) that refers to “Following two consecutive test results between 10 and 14” to “Following two consecutive test results 5 to 9.” Similarly, the Department proposes to delete language from the environmental intervention schedule at N.J.A.C. 8:51-4.1(e) that refers to “venous samples only” and to list this criterion individually for each blood lead level in the schedule in order to improve the readability of the rule. The Department proposes to further amend N.J.A.C. 8:51-4.1(e) to include the new term, “Preliminary Environmental Evaluation.” The Department proposes to add a new subsection at N.J.A.C. 8:51-4.1(g)

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to prescribe that whenever a child has a confirmed blood lead level of 5-9 µg/dL the local board of health shall provide a preliminary environmental evaluation to identify possible lead hazards. The Department proposes to add a new subsection at N.J.A.C. 8:51-4.1(h) to prescribe that the local board of health shall conduct the preliminary environmental evaluation at the primary residence of the child. The proposed new paragraphs at N.J.A.C. 8:51-4.1(h)1 – (h)6 would specify procedures that local health departments shall follow to ensure that the preliminary environmental evaluation shall be conducted at the residence where the child resided at the time of the blood lead test and the residence where the child now resides in the case of a child who moves subsequent to being tested. The proposed new paragraph at N.J.A.C. 8:51-4.1(h)6 would provide that in the case of a child who resides in a multi-unit dwelling, the local board of health shall conduct a preliminary environmental evaluation in the dwelling unit where the child resides and also provide Health Insurance Portability and Accountability Act (HIPAA) compliant written lead educational materials to tenants of all units in that multi-unit dwelling. The Department proposes to add a new subsection at N.J.A.C. 8:51-4.1(i) that would require local board of health staff members to complete preliminary environmental evaluation training and would set forth the notice and registration requirements for the training.

The Department proposes to amend N.J.A.C. 8:51-4.2(a) to provide that whenever a child less than 72 months of age has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one to four month period of 5-9 µg/dL, that the local board of health in the jurisdiction where the child resides shall

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conduct a hazard assessment of the child's primary residence to identify lead sources in the child's environment. The Department proposes to amend N.J.A.C. 8:51-4.3(a) to provide that whenever a child aged 72 months or greater has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one to four month period of 5-9 µg/dL, that the local board of health in the jurisdiction where the child resides shall conduct a limited hazard assessment of the child's primary residence to identify lead sources in the child's environment. The Department proposes to amend N.J.A.C. 8:51-4.3(c) to provide that whenever a child with an effective developmental age less than 72 months has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one to four month period of 5-9 µg/dL, the local board of health in the jurisdiction where the child resides shall conduct a hazard assessment of the child's primary residence to identify lead sources in the child's environment. The Department proposes to amend N.J.A.C. 8:51-4.4(b) to delete the archaic term "lead-burdened" and replace it with descriptive language referencing a child with an elevated blood lead level. The Department proposes to add a new subsection at N.J.A.C. 8:51-4.4(f) that would require the local board of health to provide a preliminary environmental evaluation report to the parents or guardian describing the findings using new Appendix L.

The Department proposes to delete N.J.A.C. 8:51-7.1(a)1i which refers to a fund at the Department of Community Affairs that no longer exists. The Department proposes to amend N.J.A.C. 8:51-10.1(b)2 and at N.J.A.C. 8:51-10.1(b)3 to include a central location for local boards of health to document, track, collect and maintain

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preliminary environmental evaluation activities. The Department proposes to amend N.J.A.C. 8:51-10.1(i)3 to provide that users shall document preliminary environmental evaluation activities in corresponding sections of the database. The Department proposes to amend N.J.A.C. 8:51-10.1(k) to delete the outdated reference to August 18, 2010, and add language indicating that each user shall sign the updated User Confidentiality Agreement at Appendix E in accordance with N.J.A.C. 8:51-10.1(l). The Department proposes to repeal existing Appendix E, which contains the User Confidentiality Agreement, and replace it with a new rule at Appendix E, which contains an updated User Confidentiality Agreement. The Department proposes to amend Appendix F to delete the term, “lead burdened child/ren” and replace it with the more current term, “child with an elevated blood lead level.” In addition, the Department proposes to delete language from Appendix F which refers to a fund at the Department of Community Affairs that no longer exists. The Department proposes to amend Appendix G to refer to the Department of Children and Families instead of “DYFS,” which is no longer a division in the Department of Human Services, and to change the name of the form from “Childhood Lead Poisoning Home Visit” to “Childhood Lead Exposure Prevention Home Visit.” The Department proposes to amend Appendix H to update the name of the “Immunization Program” to “Vaccine Preventable Disease Program” and to update the telephone number of the program. The Department proposes to repeal existing Appendix K, which contains the Childhood Lead Poisoning Case Closure, and replace it with a new rule at Appendix K, which contains an updated Childhood Lead Exposure Case Closure. The Department proposes to add a new rule

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at Appendix L that would serve as an assessment tool for local boards of health in the exercise of their responsibility to perform preliminary environmental evaluations as required by N.J.A.C. 8:51-4.1(g). The Department proposes to add a new rule at Appendix M that would summarize local public health actions in response to elevated blood lead levels.

Social Impact Analysis

The Department anticipates that the proposed amendments would continue to have a positive social impact on the health and well-being of children who are tested for elevated blood lead levels. Lead is a heavy metal that has been widely used in industrial processes and consumer products. When absorbed into the human body, lead affects the brain, nervous system, blood, and other organs. Lead's effects on the nervous system are particularly serious to young children. At low blood levels lead can cause learning disorders, decreased IQ, developmental delays, and hyperactivity. At high blood levels lead can cause decreased hearing, intellectual disabilities, seizures, coma and possibly death. Children who have suffered from the adverse effects of lead exposure for an extended period of time are frequently in need of special health and education services in order to assist them to develop to their potential as productive members of society. The focus of this chapter is on children less than 72 months of age because this age group is at a time for peak growth and development and therefore exposure to lead can produce the most significant impacts.

The primary method for lead to enter the body is through the ingestion or inhalation of lead containing substances by children less than 72 months of age. Some

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common lead containing substances include: lead-based paint and its dust, soil in which children play, tap water, food stored in lead soldered cans or improperly glazed pottery, and some cultural remedies and consumer products. Because these and other lead containing substances are present throughout the environment in New Jersey, all children in the State are at risk. Some children, however, are at particularly high risk due to exposure to high dose sources of lead in their immediate environment. These potential high dose sources include lead-based paint that is peeling, chipping or otherwise in a deteriorated condition; lead-contaminated dust created during removal or disturbance of lead-based paint in the process of home renovation; and lead contaminated dust brought into the home by household members who work in occupations that involve lead or materials containing lead, or whom engage in hobbies where lead is used. The primary lead hazard to children comes from lead-based paint. In recognition of the danger that lead-based paint presents to children, such paint was prohibited for residential use in New Jersey in 1971 and nationwide in 1978. These actions have effectively reduced the risk of lead exposure for children who live in houses built after 1978, but any house built before 1978 may contain lead-based paint. A significant percentage of housing in New Jersey (68 percent according to the Census) was built before 1980. Every county in the State has more than 20,000 housing units built before 1980. Therefore, it is necessary to safeguard children from the dangers of lead exposure from paint.

Approximately 6,000 children under the age of 17 were identified in New Jersey in fiscal year 2015 with blood lead levels greater than or equal to 5 µg/dL. The well-

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being of these children is dependent on early detection of elevated blood lead levels, followed by prompt case management, environmental intervention and, as appropriate, medical management. In New Jersey, local boards of health have the responsibility for investigating cases of elevated blood lead levels in children and the authority to order the removal of any lead hazards they detect. The rules contained in this chapter would continue to have a positive social impact on residents of this State and on local boards of health by continuing to establish the framework for local boards of health to investigate cases of elevated blood lead levels in children and complete environmental assessments. The rules in this chapter would continue to set forth uniform standards for local boards of health to follow in identifying lead hazards, thus enabling them to consistently, effectively and efficiently carry out their responsibilities. The rules would also continue to provide local boards of health with standard protocols for assuring appropriate public health, environmental, and medical interventions.

The proposed amendments to define new words and terms used throughout the chapter would better allow the public and local boards of health to understand the requirements of the rules, therefore having the positive social impact of making compliance easier. The proposed amendment to provide environmental intervention to children that have two venous screening results of 5 to 9 $\mu\text{g}/\text{dL}$ or a single venous screening result of 10 $\mu\text{g}/\text{dL}$ or greater would have a positive social impact on these children and their families because they would receive public health intervention at lower blood lead reference levels, thereby reducing their lead exposure and negative health effects.

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The proposed amendments would have a positive social impact on children identified with elevated blood lead levels and for local boards of health because they would establish timeframes for providing environmental interventions, which would allow for more expedient intervention and resolution. Generally, the Department anticipates a positive social impact regarding the proposed amendments.

Economic Impact Analysis

The Department anticipates that the proposed amendments would have an economic impact on local boards of health and owners of housing units where a lead hazard exists. Enforcement of this chapter has and would continue to impose costs on local boards of health for the investigation of reported cases of elevated blood lead levels in children, the enforcement of environmental intervention orders and the provision of case management. These costs are only partially covered by Department grants. All of these costs are associated with actions required by N.J.S.A. 24:14A-1 et seq., and it is the position of the Department that, given the current state of knowledge about lead hazards, the protection of children cannot be achieved without these activities. The Division of Medical Assistance and Health Services of the New Jersey Department of Human Services has established a reimbursement process for local boards of health for inspections performed in response to a report of an elevated blood lead level in a child who is enrolled in Medicaid. This revenue partially offsets the costs created by the requirements of this chapter. N.J.S.A. 24:14A-9 permits local boards of health to recover their expenses for carrying out an order for abatement and/or interim

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controls and making necessary repairs in a civil action against the owner, which could possibly reduce the economic impact on local boards of health.

The proposed amendment to provide environmental intervention to children that have venous blood lead levels of two venous screening results of 5 to 9 µg/dL or a single venous screening result of 10 µg/dL would lead to an increase in the need for case management, inspection and environmental intervention. The costs to the local boards of health would vary depending on the location of the board of health and the prevalence of elevated blood lead levels in that area, the number of existing staff that are skilled to complete these requirements and whether the board of health needs to contract with other agencies to complete these functions. Based on those factors, local boards of health may need to contract for public health nurses or lead inspectors/risk assessors certified by the Department, which would present additional costs. The mandatory use of the electronic database may require costs to the local boards of health in terms of the additional staff time necessary for routinely entering data into the database. Property owners may also incur additional costs, as discussed below, because they would have to abate or use interim controls when a lead hazard exists as determined by the blood levels set forth above and an inspection, whereas in the existing rules this would not have been determined unless there was a blood lead level of two venous screening results of 10 to 14 µg/dL or a single venous screening result of 15 µg/dL or above to generate an investigation.

Ultimately, detection of lead hazards requires property owners to pay for the cost of removal of these hazards. These costs can vary widely, depending on the extent of

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the hazards found, extent of the required intervention and need for maintenance. The cost of lead hazard abatement can range from a few hundred dollars for spot repairs and clean-up to \$20,000 or more for removal of all lead-based paint from a unit. However, because this chapter emphasizes lead hazard detection and removal, in some cases the cost of abatement is less than if removal of all lead-based paint were required. Lead hazard screening and interim controls are estimated by the President's Task Force on Environmental Health Risks and Safety Risks to Children (2000) to cost around \$1,200 per housing unit.

Owners are also responsible for the costs of temporary relocation of a child with an elevated blood lead level and his or her family when relocation is determined to be necessary. Owners would also be responsible for the costs of hiring a licensed abatement or evaluation contractor to complete the required abatement work and develop a maintenance plan.

The Department believes that in the long term, the proposed amendments would have a positive economic impact on the families of children with elevated blood lead levels and the residents of this State. A report published by the Partnership for America's Economic Success stated that nationally the costs of lead hazard control range from \$1.2 to \$11.0 billion. The benefit to lead hazard control is the sum of the costs for medical treatment (\$11 to \$53 billion), lost earnings (\$165 to \$233 billion), tax revenue (\$25 to \$35 billion), special education (\$30 to \$146 million), lead-linked ADHD cases (\$267 million), and lead-linked criminal activity (\$1.7 billion) for a total of \$192 to

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\$270 billion. The net benefit of lead hazard control ranges from \$181 to \$269 billion, resulting in a return of \$17 to \$221 for each dollar invested in lead hazard control. (Elise Gould, Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control, June 30, 2009, available at http://www.partnershipforsuccess.org/uploads/20090630_GouldLeadPaper.pdf) The Department also believes that the economic savings that stem from the actions required by this chapter over time will outweigh the costs necessary to complete case management, investigation, environmental interventions, abatement and/or interim controls and maintenance.

Federal Standards Statement

The Department is not proposing amendments under the authority of, or in order to implement, comply with, or participate in any program established under Federal law. The Department's authority for this chapter is N.J.S.A. 24:14A-1 et seq., particularly 24:14A-11; 26:1A-7; 26:2-137 et seq., particularly 26:2-137.7; and 26:2Q-1 et seq., particularly 26:2Q-12 and Executive Order No. 100 (Corzine, April 29, 2008). The Department is not proposing amendments under any other State statute that incorporates Federal law, standards or requirements.

However, in order to establish standards consistent with existing Federal recommendations applicable to public health interventions to prevent elevated blood lead levels in children, the Department has elected to incorporate by reference, as amended and supplemented, the following policies and guidelines in the rules: "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" and

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“CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in ‘Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention’.” The rules in this chapter do not impose requirements which exceed Federal policies and guidelines, therefore, a Federal standards analysis is not required.

Jobs Impact Analysis

The Department anticipates that the proposed amendments may have an impact on the number of staff required to perform public health interventions in certain municipalities. The Department estimates that Statewide, an additional 4,000 children annually would be identified as having elevated blood lead levels due to the proposed change in public health intervention levels. Municipalities that have higher populations of at-risk children may require additional staff to perform public health interventions. Local boards of health affected most by children identified as having elevated blood lead levels may address a possible need for additional staff by entering into contracts for shared services, hiring additional full-time or temporary staff, entering into contracts with private providers, or some other solution. Accordingly, the Department cannot say with reasonable certainty to what degree the proposed amendments would result in the generation of jobs. The Department believes that the proposed amendments would not result in the loss of jobs.

Agriculture Industry Impact Analysis

The Department anticipates that the proposed amendments would not have an impact on agriculture in New Jersey.

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Regulatory Flexibility Analysis

This chapter establishes actions applicable to local boards of health Statewide. However, compliance with this chapter by local boards of health may require corrective actions to be taken by the owners of rental properties in which children with elevated blood lead levels reside. Some in this regulated group may be considered small businesses, as the term is defined in the Regulatory Flexibility Act at N.J.S.A. 52:14B-16 et seq.

The compliance requirements for small businesses incident to these rules are set forth in the Summary above. The Department is not able to accurately estimate the cost of compliance with this chapter due to the varying impact of the requirements on each individual property owner. Depending on the condition of the property and the degree of the hazard identified, some property owners may be able to comply with little or no expense. Other property owners may incur expenses for the removal and disposal of lead-based paint, building components (windows and doors) covered with lead-based paint and associated clean-up costs. Particular compliance costs are described in the Economic Impact above.

At the same time, this chapter may potentially benefit another group of small businesses. N.J.S.A. 26:2Q-1 et seq. requires that all lead abatement work must be done by business firms licensed by the New Jersey Department of Community Affairs, using workers who have certifications from the New Jersey Department of Health. Many of the contractors who will perform this work may be considered small businesses. The presence of lead in paint or in other items can create a hazard, as defined in this

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chapter, and can pose a serious threat to the health and well-being of children exposed to the hazard as described in the Social Impact statement above. It is not possible to impose less restrictive criteria for small businesses without leaving children exposed to these hazards. The Department believes that, in the interest of the health and welfare of children potentially affected by lead-based paint hazards and non-paint lead hazards, it is not appropriate to establish different requirements for small businesses.

Smart Growth Development Impact Analysis

The Department anticipates that the proposed amendments would not have an impact on the achievement of smart growth and the implementation of the State Development and Redevelopment Plan.

Housing Affordability Impact Analysis

The Department anticipates that the proposed amendments would have an insignificant impact on affordable housing in New Jersey and there is an extreme unlikelihood that the proposed amendments would evoke a change in the average costs associated with housing.

Full text of the proposal follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 51

CHILDHOOD [LEAD POISONING] **ELEVATED BLOOD LEAD LEVELS**

SUBCHAPTER 1. GENERAL PROVISIONS

8:51-1.1 Scope

The official version of this rule proposal will be published in the *New Jersey Register*. Should there be any discrepancies between this document and the official version of the rule proposal, the official version will govern.

The rules of this chapter shall apply to all local boards of health, owners of properties in which children who have been identified with [lead poisoning] **elevated blood lead levels** live, owners of any other properties that constitute a lead hazard to children who have been identified with [lead poisoning] **elevated blood lead levels**, and to laboratories who perform blood lead tests of children.

...

8:51-1.3 Incorporated materials

(a) The Department incorporates by reference, as amended and supplemented, in this chapter, the following policies and guidelines:

1.-2. (No change)

3. "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," ([June 1995] **2012**), published by the U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, 451 Seventh Street, S.W., Washington, DC 20410 and available at <http://www.hud.gov/offices/lead/lbp/hudguidelines/index.cfm>.

4. **"Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention", Advisory Committee on Childhood Lead Poisoning Prevention, Centers for Disease Control and Prevention, January 2012.**
www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf

5. **"CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention'", Centers for**

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Disease Control, June 2012.

www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_rec.pdf

(b) The Department incorporates by reference the following forms and assessments in this chapter:

1.– 2. (No change).

3. User Confidentiality Agreement (N.J.A.C. 8:51 Appendix E) is the required agreement that each user of the Childhood Lead [Poisoning] Information Database makes to maintain confidentiality of the information, in any format, collected and maintained pursuant to this chapter;

4. Childhood Lead [Poisoning] **Exposure** Prevention Home Visit Assessment (N.J.A.C. 8:51 Appendix G) is one of the required case management assessments used to determine the plan of care by the public health nurse case manager during home visits and to document issues not captured through the Hazard Assessment Questionnaire, **found at Appendix A.**

5. – 6. (No change.)

7. Quality Assurance and Improvement (N.J.A.C. 8:51 Appendix J) is the form required to assure the accuracy of the data entered into the Childhood Lead [Poisoning] Information Database and to educate staff on the quality of the data; [and]

8. Childhood Lead [Poisoning Prevention] **Exposure** Case Closure (N.J.A.C. 8:51 Appendix K) is the form required to be used by the public health nurse case manager to discharge children from case management; **and**

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9. Preliminary Environmental Evaluation (N.J.A.C. 8:51 Appendix L)
is the form required to be used by the public health nurse case manager to identify lead sources in a child’s environment.

(c) (No change).

(d) The Department Incorporates by reference the following materials in this chapter:

1. (No change).

2. Protocol for Data Entry in the Childhood Lead [Poisoning] Information Database and Communication (N.J.A.C. 8:51 Appendix D) is the document that contains requirements for the time-frame for data to be entered in the database, as well as the protocol for maintaining data quality and communication with the Department and other users; and

3. (No change).

8:51-1.4 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

...

“Advisory Committee on Childhood Lead Poisoning Prevention” means a chartered body that advises and guides the Secretary and Assistant Secretary of the U.S. Department of Health and Human Services and the Director of the Centers for Disease Control and Prevention regarding new scientific knowledge

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and technical developments and their practical implications for childhood lead exposure prevention efforts. The charter expired on October 31, 2013.

...

"Case management" means a public health nurse's coordination, oversight and/or provision of the services required to identify lead sources, eliminate a child's lead exposure and reduce the child's blood lead level below [the level of concern as defined by CDC recommendations] **5 micrograms per deciliter ($\mu\text{g}/\text{dL}$).**

...

"CDC recommendations" means the recommendations made by the United States Centers for Disease Control and Prevention, as specified in its policy statements: "Managing Elevated Blood Lead Levels Among Young Children, Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention," published March 2002 and "Preventing Lead Poisoning in Young Children," published August 2005, by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333.

"Commissioner" means the Commissioner of the New Jersey Department of Health [and Senior Services] or his or her designee.

...

"Elevated blood lead level" [shall have the same meaning as set forth in the CDC recommendations] **means a blood lead test result, from either a venous or capillary**

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sample, equal to or greater than 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) of whole blood.

...

"Hazard assessment" means conducting all of the following activities:

1. Collection of background information regarding physical characteristics and residential use patterns including:

i.- iii. (No change).

iv. The number of children under 72 months of age and **pregnant** women [of child bearing age] residing in the dwelling upon notification of a confirmed blood level of [10] **two results 5 to 9 $\mu\text{g}/\text{dL}$ or a single result of 10 $\mu\text{g}/\text{dL}$** higher; and

v. (No change).

2. – 10. (No change).

"HUD guidelines" means the United States Department of Housing and Urban Development's "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," [June 1995] **2012**, published by the U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, 451 Seventh Street, SW, Washington, DC 20410.

...

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“Local board of health” or “Local boards of health” means local board or local boards of health as defined at N.J.S.A. 26:1A-1.

...

“Preliminary environmental evaluation” means the collection of background information regarding physical characteristics by the local board of health using the form provided at Appendix L, incorporated herein by reference.

"Screening" means the taking of a blood sample from a symptomatic child, and its analysis by medical laboratory, licensed in accordance with N.J.A.C. 8:44, to determine if the child has elevated blood lead levels.

...

SUBCHAPTER 2. SCREENING AND CASE MANAGEMENT

8:51-2.1 Screening

(a) The local board of health shall work with health care providers in its jurisdiction to ensure that all children [under six years] **less than 72 months** of age are appropriately screened for [lead poisoning] **elevated blood lead levels** in accordance with N.J.A.C. 8:51A.

(b) If a local board of health determines that a child [under six years] **less than 72 months** of age, who is receiving service from one of its child health programs, is in need of lead screening, and it is not able to make arrangements for the child to be screened by a health care provider, the local board of health shall perform a lead screening of the child.

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N.J.A.C. 8:51-2.2 Screening Methods

(a) All screening for [lead poisoning] **elevated blood lead levels** shall be performed in accordance with N.J.A.C. 8:51A.

8:51-2.3 Confirmation of blood lead test results

(a) A capillary blood screening sample that produces a blood lead level of [10] **5** µg/dL or greater shall be confirmed by a venous blood lead sample before an environmental intervention **or preliminary environmental evaluation** is performed.

1. A venous blood lead level of [10] **5** µg/dL or greater does not require a confirmatory test.

(b) If a child is reported to have a blood lead level of [10] **5** µg/dL or greater on a capillary sample, the local board of health in whose jurisdiction the child resides shall contact the child's parent or guardian to ensure that a timely venous confirmatory blood lead test is performed, in accordance with the CDC recommendations and in cooperation with the child's primary care provider.

1. (No change).

8:51-2.4 Case management

(a) Whenever a child has a [confirmed] blood lead level of [15] **5** µg/dL or greater, [or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart,] the local board of health shall provide for case management of the child and his or her family.

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(b) Whenever a child has a capillary blood lead level 5 µg/dL to 9 µg/dL a public health staff member shall perform case management consisting of:

- 1. Education, both written and verbal, and counseling of the parents(s)/legal guardian about the effects and prevention of elevated blood lead levels;**
- 2. Recommending venous blood lead retesting of the child and, when indicated, blood lead screening of siblings and other children living in the same household, and of pregnant women living in the same household in cooperation with the health care provider in accordance with N.J.A.C. 8:51A.**
- 3. Determining whether or not the child has a health care provider, and, if not, referral to a health care provider;**
- 4. Education and counseling about nutrition and its role in reducing lead absorption;**
- 5. Education and counseling about personal hygiene, housekeeping, and other risk reduction measures that the parent(s)/legal guardian can take to reduce the child's exposure to sources of lead; and,**
- 6. Referrals to appropriate community resources including, but not limited to: health insurance coverage; Women, Infants and Children; transportation services; and other community services.**

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[(b)] **(c)** Whenever a child has a confirmed blood lead level of [15 to 45] **5** µg/dL or **greater** [two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart,] a public health nurse shall perform case management consisting of:

1. – 2. (No change).

3. [A] **In the case of a child with two confirmed blood lead levels of 5-9 µg/dL or one confirmed blood lead level of 10 µg/dL, a review of the lead Hazard Questionnaire, available at N.J.A.C. 8:51 Appendix A, with the lead inspector/risk assessor certified by the Department to ensure that the child's environment has been evaluated for non-paint lead hazards and that the environmental evaluation has been performed in accordance with N.J.A.C. 8:51-4.2; or, in the case of a child with a single confirmed blood lead level of 5-9 µg/dL, a review of the Preliminary Environmental Evaluation, available at N.J.A.C. 8:51 Appendix L, to ensure that the child's environment has been evaluated for potential paint and non-paint lead hazards in accordance with N.J.A.C. 8:51-4.1(g);**

4. Monitoring blood lead retesting and results in cooperation with the primary care provider according to [CDC recommendations] **N.J.A.C. 8:51A;**

5. - 6. (No change).

7. Arranging for lead screening, when indicated, of siblings and other children [between] **at least** six months and [six years] **less than 72 months** of

age living in the same household, in accordance with N.J.A.C. 8:51A, and of pregnant women living in the same household;

8. Assessing the need for emergency relocation funding and initiating collaboration with the appropriate agencies.

[i. Financial assistance through the Department of Community Affairs' (DCA) Emergency Lead Poisoning Relocation (ELPR) Program or the Relocation to End Exposure to Lead (REEL) Program may be available to occupants on a case-by-case basis.

ii. The local board of health shall initiate contact with DCA, or DCA's agent, to facilitate the relocation process through the ELPR or REEL Program, if applicable;]

9. (No change).

10. Education about [lead poisoning] **elevated blood lead levels**, its possible effects on children, and lead hazards that may be present on the premises;

11.-13. (No Change)

14. Referrals to appropriate community resources including, but not limited to: [child health conference; Division of Youth and Family Services] **Department of Children and Families**; Federally [q]Qualified [h]Health [c]Center; New Jersey Family Care/Medicaid; the local subcode official for housing; Special Child Health Services; Women, Infants and Children; transportation services; and other community services;

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15.-16. (No change)

([c]d) Whenever a child has a confirmed blood lead level of 45 µg/dL or greater case management shall:

1. (No change).
2. Comply with ([b]c) above; and
3. Consist of:

i. – xi. (No change).

xii. Recommending to the primary care provider to communicate regarding medical treatment with the New Jersey Poison Information and Education System (NJPIES) at 1-800-222-1222 or www.njpies.org.

Recodify existing (d) as (e).

([e]f) The case manager shall discharge children from case management when all of the following conditions are met:

1. (No change).
2. A follow-up venous blood lead level has declined to below [10] **5** µg/dL after three months from the last elevated blood lead level;
3. – 6. (No change).
7. Completion of a minimum of three documented attempts of contact by the local board of health when a [lead-burdened] child **with an elevated blood lead level** has moved and cannot be located.

i. (No change).

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8:51-2.5 Home visits

(a) Each public health nurse completing case management shall conduct an initial home visit according to the following schedule upon notification by the Department of an elevated blood lead level:

Blood Lead Levels ($\mu\text{g/dL}$) [(venous samples only)] -----	Time Frame For Initial Home Visit -----
[Following two consecutive test results between 10 and 14]	
5 to 9 capillary	Within four weeks
5 to 14 venous sample	Within three weeks
15 to 19 venous sample	Within two weeks
20 to 44 venous sample	Within one week
45 to 69 venous sample	Within 48 hours
≥ 70 venous sample	Within 24 hours

(b) (No Change).

SUBCHAPTER 3. REPORTING AND CONFIDENTIALITY

8:51-3.1 Notification to local board of health

Whenever the Department receives a report from a laboratory of a blood lead level of [10] **5** $\mu\text{g/dL}$ or greater in a child, the Department shall notify the local board of

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health in whose jurisdiction the child resides through the Childhood Lead [Poisoning] Information Database as set forth at N.J.A.C. 8:51-10.

8:51-3.2 Reporting by local boards of health

(a) When a local board of health receives a report of a child with a blood lead level of [10] **5** µg/dL or greater, it shall report to the Department through the Childhood Lead [Poisoning] Information Database as set forth at N.J.A.C. 8:51-10, on the actions it has taken on behalf of the child.

1.- 2. (No change).

3. The local board of health shall report the following preliminary environmental evaluation information:

i. General information, including the date the case was referred, dwelling type, occupancy, year built;

ii. The local board of health staff member's name, address, phone (work office and work mobile);

iii. Date the preliminary environmental evaluation was started; date the preliminary environmental evaluation was completed; reported or evidence of conditions that may contribute to elevated blood lead levels.

(b) (No change).

(c) Users of the Department's Childhood Lead [Poisoning] Information Database shall sign a User Confidentiality Agreement, available at N.J.A.C. 8:51 Appendix E, as established at N.J.A.C. 8:51-10.1(j).

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8:51-3.3 Confidentiality of records

(a) All medical information or information concerning reportable events pursuant to this chapter, including all written and electronic records maintained by the Department, and by local boards of health, regarding blood lead screening, case management activities, [and] environmental interventions, **and preliminary environmental evaluations**, that identify individual children, including address information and laboratory results, shall not be disclosed except under the following circumstances:

1.-3. (No change).

SUBCHAPTER 4. ENVIRONMENTAL INTERVENTION **AND PRELIMINARY ENVIRONMENTAL EVALUATION**

8:51-4.1 Environmental intervention for all children with confirmed blood lead levels of [15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL, that are at least between one month to three months apart] **5 µg/dL or greater**.

(a) Whenever a child has a confirmed blood lead level of [15] **10** µg/dL or greater[,], or two consecutive test results [between 10] **5** µg/dL [and] **to** [14] **9** µg/dL that are [at least between] one month to [three] **four** months apart, the local board of health in whose jurisdiction the child resided at the time of testing shall provide environmental intervention.

(b) – (d) (No change).

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(e) The local board of health shall conduct the initial environmental intervention **or preliminary environmental evaluation** according to the following schedule upon notification by the Department of an elevated blood lead level:

Blood Lead Levels ($\mu\text{g}/\text{dL}$) [(venous samples only)] -----	Time Frame For Initial Environmental Intervention -----
Following two consecutive test results [between 10 and 14]	
5 to 9 venous sample	Within three weeks
5 to 14 venous sample	Within three weeks
15 to 19 venous sample	Within two weeks
20 to 44 venous sample	Within one week
45 to 69 venous sample	Within 48 hours
\geq 70 venous sample	Within 24 hours

(f) (No change).

(g) Whenever a child has a confirmed elevated blood lead level of 5 to 9 $\mu\text{g}/\text{dL}$ the local board of health in whose jurisdiction the child resided at the time of testing shall conduct a preliminary environmental evaluation to identify possible lead hazards, using the form provided at Appendix L, incorporated herein by reference.

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(h) The local board of health shall conduct the preliminary environmental evaluation at the primary residence of the child.

1. The local board of health shall presume the address given on the report of a blood lead test result to be the primary residence of the child.

2. If it is determined that the child no longer resides, never resided, or that the reported address is a previous primary or secondary address, the local board of health shall attempt to determine the child's current address.

3. If it is determined that the child resided at the reported address at the time of the blood lead test, and subsequently moved to another primary address, then the local board of health shall conduct a preliminary environmental evaluation at the current primary address.

4. If it is determined that the child has moved, subsequent to being tested, to a primary residence outside of its jurisdiction, then the local board of health shall notify the local board of health in whose jurisdiction the child now resides, which shall conduct a preliminary environmental evaluation at the child's new primary residence.

5. If it is determined that the child did not reside at the reported address at the time of the blood lead test, the local board of health shall attempt to determine the child's address at the time of the blood lead test and conduct a preliminary environmental evaluation at that address.

6. If the primary residence of the child is part of a multi-unit dwelling,

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the local board of health shall conduct a preliminary environmental evaluation on the dwelling unit in which the child resides.

i. The local board of health shall provide written lead educational materials to tenants of all units of a multi-unit dwelling when a child with an elevated blood lead level is identified in one of the units, in compliance with the Health Insurance Portability and Accountability Act of 1996 Privacy Rule, found at 45 C.F.R. §160 and 45 C.F.R. §164 Subparts A and E, incorporated herein by reference, as amended and supplemented, respectively.

(i) Prior to performing a preliminary environmental evaluation, each local board of health staff member shall attend training as follows:

1. The Department shall post notice of the time and date of each training on the New Jersey Learning Management System which can be found on the Internet at <https://njlmn.rutgers.edu/>.

2. Interested persons can register for training on the Internet at <https://njlmn.rutgers.edu/>.

8:51-4.2 Environmental intervention for children up to 72 months of age

(a) Whenever a child up to 72 months of age has a confirmed blood lead level of [15] **10** µg/dL or greater[,] or two consecutive test results [between 10] **5** µg/dL [and] **to** [14] **9** µg/dL that are [at least between] one month to **four** months apart, the local board of health in whose jurisdiction the child resides shall conduct a hazard assessment of the child's primary residence to identify lead sources in the child's environment.

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1. (No change).

(b) – (c) (No change).

8:51-4.3 Environmental intervention for children whose age is 72 months or greater

(a) Whenever a child, whose age is 72 months or greater, has a confirmed blood lead level of [15] **10** $\mu\text{g/dL}$ or greater[,], or two consecutive test results [between 10] **5** $\mu\text{g/dL}$ [and] **to** [14] **9** $\mu\text{g/dL}$ that are [at least between] one month to [three] **four** months apart, the local board of health in whose jurisdiction the child resides shall conduct a limited hazard assessment of the child's primary residence and any secondary addresses that are determined to be a likely source of exposure to the child.

(b) (No change).

(c) If the child with confirmed blood lead of [15] **10** $\mu\text{g/dL}$ or greater[,], or two consecutive test results [between 10] **5** $\mu\text{g/dL}$ [and] **to** [14] **9** $\mu\text{g/dL}$ that are [at least between] one month to [three] **four** months apart, has been medically diagnosed as having a developmental disability or developmental delay, such that the effective developmental age of the child is less than 72 months, the investigation of the child's environment shall be conducted as if the child were less than 72 months of age, in accordance with N.J.A.C. 8:51-4.2.

8:51-4.4 Reporting results of environmental interventions

(a) (No change).

(b) The local board of health shall be prohibited from including in the report described in (a) above the name of any [lead-burdened] child **with an elevated blood lead level** pursuant to N.J.A.C. 8:51-3.3.

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(c) – (e) (No change).

(f) The local board of health shall provide a Preliminary Environmental Evaluation Report, available at N.J.A.C. 8:51 Appendix L, incorporated herein by reference, to the child’s parent(s)/legal guardian, describing the findings of the preliminary environmental evaluation.

...

SUBCHAPTER 7. PROCEDURES FOR ABATEMENT AND/OR INTERIM CONTROLS
OF LEAD HAZARDS

8:51-7.1 Responsibility for abatement and/or interim controls of lead hazards and ongoing maintenance

(a) The owner, or the owner's agent, if the owner cannot be contacted, of a property found to have lead hazards in violation of this chapter shall be responsible for performing, or arranging for, abatement and/or interim controls of the lead hazards, and the expenses associated therewith, including removal of the hazards, disposal of waste products, protection or relocation of dwelling occupants, if required and ongoing maintenance of any remaining lead-based paint.

1. In cases where a lead hazard condition poses an immediate risk of continuing exposure for children, the property owner shall relocate occupants immediately upon receipt of the determination made by the local board of health to comparable lead safe housing until the completion of abatement and/or interim controls work.

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[i. Financial assistance through the Department of Community Affairs, Emergency Lead Poisoning Relocation (ELPR) Fund or the Relocation to End Exposure to Lead (REEL) Program may be available to occupants on a case-by-case basis.]

Recodify existing ii as i. (No change in text).

2. – 3. (No change).

(b) - (c) (No change).

...

8:51-7.5 Violations of work practice standards

(a) – (d) (No change).

(e) If, in the process of monitoring lead interim controls, violations of the standard for interim controls are noted, the local board of health shall issue notices of violation and orders to correct.

1. (No change).

2. The local board of health shall forward copies of notices and orders referenced in (e) above to the Department of Health [and Senior Services], Child and Adolescent Health Program, PO Box 364, Trenton, New Jersey 08625.

...

SUBCHAPTER 10. CHILDHOOD LEAD [POISONING] INFORMATION DATABASE

8:51-10.1 Childhood Lead [Poisoning] Information Database

(a) The Department shall implement and operate a web-based [c]Childhood [l]Lead [poisoning] [i]Information [d]Database (the database) applicable to childhood

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[lead poisoning] **elevated blood lead level** referrals and cases initiated pursuant to this chapter.

(b) The Department's purpose of the database is to:

1. (No change.)

2. Maintain a central location for local board of health case managers, [public health nurses and] environmental inspectors, **and local board of health staff members** to document and track their case management activities [and], environmental interventions activities **and preliminary environmental evaluation activities.**

3. Collect, maintain and track Statewide childhood [lead poisoning] **elevated blood lead level** data, case management activities [and], environmental intervention activities, **and preliminary environmental evaluation activities;**

(c) - (h) (No change).

(i) Each user shall utilize the database to:

1. - 2. (No change).

3. Document case management [and], environmental intervention, **and preliminary environmental evaluation** activities as set forth at N.J.A.C. 8:51-3.2(a) in corresponding sections of the database, including assigning or reassigning cases to case managers;

4. – 6. (No change).

(j) (No change).

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(k) Each existing database user shall review and sign the User Confidentiality Agreement, available at N.J.A.C. 8:51 Appendix E[, by August 18, 2010].

(l) - (n) (No change).

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**HAZARD ASSESSMENT QUESTIONNAIRE
 FOR INVESTIGATION OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS**

Name(s) of Individual(s) Administering Questionnaire (<i>Print</i>)	Title(s)
Signature(s)	Date of Completion

The results of this questionnaire will be used for two purposes:

- To determine where environmental samples should be collected.
- To develop corrective measures related to use patterns and living characteristics (e.g., flushing the water line if water lead levels are high, increase cleanliness of dwelling).

The administrator(s) of this questionnaire should always recommend temporary measures to immediately reduce the child's exposure to lead hazards.

GENERAL INFORMATION		
Dwelling Address	Apt. #	Floor #
Where do you think the child is exposed to the lead hazard? [<i>Specify location(s)</i>]:		
Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
If rent, does the family receive any rent subsidies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what type <input type="checkbox"/> Public Housing Authority – Name of housing authority: _____ <input type="checkbox"/> Section 8 <input type="checkbox"/> Federal rent subsidy <input type="checkbox"/> Other: _____		
Landlord Information (or Rent Collector Agent) <i>(Include all means of contacting the property owner, including fax number, email address, cell phone/beeper number)</i> Name: _____ Address: _____ Telephone Number: _____ Fax Number: _____ Cell Phone/Beeper Number: _____ Email Address: _____		
In what country was the child born? <input type="checkbox"/> USA <input type="checkbox"/> US Territory (Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, etc.) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer		

**HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)**

Complete the following for all addresses where the child currently lives and has lived during the past three (3) months.

Dates of Residency (MM/YYYY to MM/YYYY)	Street Address, City, State	Year Dwelling Built	Single Family or Multi Unit	General Condition of Dwelling	Any Remodeling or Renovation? (Yes or No)	Any Deteriorated Paint? (Yes or No)

Complete the following for all addresses where the child currently or has been cared for, away from home, during the past three (3) months.

Dates of Care (MM/YYYY to MM/YYYY)	Type of Care*	Name of Contact, Street Address, City, State, Telephone Number	Number of Hours Per Week	General Condition of Structure	Any Remodeling or Renovation? (Yes or No)	Any Deteriorated Paint? (Yes or No)

**Type of care includes: preschool, child care center, child care home, care provided by a relative or friend.*

Complete the following for all times the child spent outside of the US. This includes any traveling, visiting family or friends, or living in another country. Start with the most recent.

#	Country	When did child stay there (start with most recent)? (Month/Year)	How long did child stay?		Comments
			Weeks	Months	
1					
2					
3					

Lead-Based Paint and Lead-Contaminated Dust Hazards

Approximately what year was this dwelling built?

To your knowledge, has this dwelling ever been tested for lead-based paint or lead-contaminated dust?

Yes No

If Yes, when and from whom can this information be obtained? _____

To your knowledge, has there been any recent repainting, remodeling, renovation, window replacement, sanding, or scraping of painted surfaces inside or outside this dwelling unit?

Yes No

If Yes, when and from whom can this information be obtained? _____

**HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)**

Lead-Based Paint and Lead-Contaminated Dust Hazards, Continued

Where does the child like to play, hide, or frequent?

Areas * Where Child Likes to Play, Hide or Frequent	Paint Condition ** (Intact, Fair, Poor, or Not Present)	Location of Painted Component with Visible Bite Marks

* Include rooms, closets, porches, outbuildings.

** Paint condition: Note location and extent of any visible chips and/or dust in window wells, on window sills, or on the floor directly beneath windows. Do you see peeling, chipping, chalking, flaking, or deteriorated paint? If yes, note locations and extent of deterioration.

Water Lead Hazards

What is the primary source of drinking water for the child?

- Municipal Private Well Bottled Other

If Other, specify: _____

If tap water (source is municipal/private well) is used for drinking, please answer the following:

- a. From which faucets do you obtain drinking water (locations): _____

- b. Do you use the water immediately from the faucet? Yes No
- c. Is water used to prepare infant formula, powdered milk, or juices for the child? Yes No
If Yes, do you use hot or cold water? Hot Cold
If No, from what source do you obtain water for the child? _____
- d. To your knowledge, has new plumbing been installed within the last 5 years? Yes No
If Yes, identify location(s): _____
- e. Was any of this work installed by yourself or another resident of the home? Yes No
If Yes, specify: _____
- f. To your knowledge, has the water ever been tested for lead? Yes No
If Yes, where can test results be obtained? _____

Lead in Soil Hazards

Where outside does the child like to play, hide or frequent?

- a. Is there bare soil where the child likes to play, hide or frequent? Yes No
- b. Is this dwelling located near a lead-producing industry (e.g., battery plant, smelter, radiator repair shop, or electronics/soldering industry)? Yes No
If Yes, specify: _____

HAZARD ASSESSMENT QUESTIONNAIRE (Continued)

Lead in Soil Hazards, Continued

c. Is the dwelling located within two blocks of a major roadway, freeway, elevated highway, or other transportation structures? Yes No
If Yes, specify: _____

d. Are nearby buildings or structures being renovated, repainted or demolished? Yes No
If Yes, location: _____

e. Is there deteriorated paint on porches, fences, garages, play structures, railings, building siding, windows, trims, or mailboxes? Yes No
If Yes, location(s): _____

f. Was gasoline or other solvents ever used to clean parts or disposed of at the property? Yes No

g. Are there visible paint chips near the perimeter of the house, fences, garages, or play structures? Yes No
If Yes, location(s): _____

h. Has the soil ever been tested for lead? Yes No
If Yes, from whom can this information be obtained? _____

i. Have you burned painted wood in a woodstove or fireplace? Yes No
If Yes, have you emptied ashes onto soil? Yes No
If Yes, location: _____

Occupational/Hobby Lead Hazards

Occupations and hobbies that may cause lead exposure include the following:

- Paint removal (including sandblasting, scraping, abrasive blasting, sanding, or using a heat gun or torch)
- Working in a chemical plant, a glass factory, an oil refinery, or any other work involving lead
- Remodeling, repairing, or renovating dwellings or buildings, or tearing down buildings or metal structures (demolition)
- Creating explosives or ammunition
- Plumbing
- Repairing radiators
- Making batteries
- Chemical strippers
- Melting metal for reuse (smelting)
- Welding, burning, cutting, or torch work
- Making paint or pigments
- Auto body repair work
- Pouring molten metal (foundries)
- Salvaging metal or batteries
- Working at a firing range
- Making or repairing jewelry
- Making or splicing cable or wire
- Building, repairing, or painting ships
- Painting
- Making pottery

Where do adult family members work (include mother, father, older siblings, other adult household members)?

Name	Place of Employment	Occupation or Job Title

**HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)**

Occupational/Hobby Lead Hazards, Continued			Comments
1.	Are work clothes washed with other laundry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	Has anyone in the household removed paint or varnish while in the dwelling? (paint removal from woodwork, furniture, cars, bicycles, boats)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	Has anyone in the household soldered electric parts while at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	Does anyone in the household apply glaze to ceramic or pottery objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	Does anyone in the household work with stained glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	Does anyone in the household use artist paints to paint pictures or jewelry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7.	Does anyone in the household reload bullets, target shoot, or hunt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8.	Does anyone in the household melt lead to make bullets or fishing sinkers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9.	Does anyone in the household work in auto body repair at home or in the yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10.	Is there evidence of take-home work exposures or hobby exposures in the dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Child Behavior Risk Factors			Comments
1.	Does child suck his/her fingers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	Does child put painted objects into his/her mouth? (If Yes, specify under Comments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	Does child chew on painted surfaces, such as old painted cribs, window sills, furniture edges, railings, door molding, or broom handles? (If Yes, specify under Comments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	Does child chew on putty around windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	Does child put soft metal objects in his/her mouth (lead and pewter toys and toy soldiers, jewelry, gunshot, bullets, beads, fishing sinkers, or any items containing solder)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	Does child chew or eat paint chips or pick at painted surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7.	Is the paint deteriorated in the child's play areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8.	Does the child put foreign-printed material (newspapers, magazines) in his/her mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9.	Does the child put matches in his/her mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10.	Does the child play with cosmetics, hair preparations, or talcum powder or put them into his/her mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	a. If yes, are any of these foreign made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11.	Does the child have a favorite cup? (If Yes, specify under Comments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)**

Child Behavior Risk Factors, Continued

12. Does the child have a favorite eating utensil? (If Yes, specify under Comments) Yes No _____
13. Does the family have a dog, cat, or other pet that could track in contaminated soil or dust from the outside? Yes No _____
 a. If yes, where does the pet sleep? _____
14. Does the child take baths in an old bathtub with deteriorated or nonexistent glazing? Yes No _____

Other Household Risk Factors

Complete the table below for the following imported products used by, used on or given to the child during the past 12 months.

Sources can include products:

- sent/given to you by friends and/or family
- brought back from trips you may have taken
- bought in local stores
- prescribed by alternative medicine practitioner

Product Type	Used		Product Name	Country of Origin	Comments (include form of the product such as powder, pill, used as a tea)
	Yes	No			
Cosmetics (including kohl, surma, ceruse)					
Home remedies/folk medicines (including teething, colic, fever, stomachaches or diarrhea)					
Alternative medicine or herbal treatments					
Ayurvedic medicines (based on traditional Asian Indian medical system)					
Vitamins					
Liquids prepared, served and/or stored in metal, pewter, glazed, soldered, or crystal containers					
Foods prepared, served, and/or stored in metal, pewter, glazed, soldered, or crystal containers					
Deodorant (i.e., litargiro)					
Spices					
Snacks or candies (including candy spiced with chili, tamarind, sold in clay pots)					

**HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)**

Other Household Risk Factors, Continued

Does the child play in, live in, or have access to any areas where the following materials are kept?								
Item	Yes	No		Yes	No		Yes	No
Shellacs			Epoxy Resins			Gasoline		
Lacquers			Putty			Paints		
Driers			Industrial Crayons or Markers			Old Batteries		
Coloring Pigments			Fishing Sinkers			Battery Casings		
Pipe Sealants			Solder			Lead Pellets		
Drapery Weights			Fungicides			Pesticides		
Detergents			Gear Oil			Gasoline		

Does the child eat, chew on, or put other non-food items into his/her mouth (i.e., toys, mini-blinds, crayons, candy wrappers, jewelry)?

#	Item Name/Description	Country of Manufacturer	How Often?
1			_____ times per _____
2			_____ times per _____
3			_____ times per _____
4			_____ times per _____

Assessment of Hazard Control Measures

What cleaning equipment does the family have in the dwelling?
 Broom Mop and Bucket Vacuum (Does it work? Yes No) Sponges and Rags

Room	Type of Floor Covering [vinyl/linoleum, carpeting, wood, other (specify)]	Smooth and Cleanable (Yes or No)	Type of Cleaning (sweep, wet mop, vacuum)	Frequency of Cleaning (daily, weekly, monthly)	General Cleanliness *
Entry/foyer					
Living Room					
Dining Room					
Kitchen					
Child's Bedroom					
Bathroom					

* General cleanliness of the dwelling interior:
 1 = appears clean 2 = some evidence of housecleaning 3 = no evidence of housecleaning

How frequently are window sills cleaned?	How frequently are window troughs cleaned?
--	--

APPENDIX B

**New Jersey Department of Health [and Senior Services]
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364**

ENVIRONMENTAL INTERVENTION REPORT

Date Investigation Started			Year of Construction		
Street Address		Floor #	Apt. #	Number of Children in Residence	
City		Zip Code		Number of Children in Residence 0-2 Years Old	
Name of Owner			Telephone Number of Owner		
Address of Owner					

XRF Serial Number

Name of Laboratory <i>(when samples are sent to a reference laboratory)</i>	Laboratory License Number <i>(when samples are sent to a reference laboratory)</i>
---	--

- Checklist of Required Documents to be attached to this report:

Laboratory Report Sheets Diagrams of the Dwelling XRF Printouts

Local Health Department Name	
Name of Inspector	NJDOH License Number
Signature of Inspector	Date Investigation Completed

**ENVIRONMENTAL INTERVENTION REPORT
(Continued)**

XRF TESTING

Street Address					Floor #	Apt. #	Inspector's Initials			
City						Zip Code				
Room Name	Room Number	Wall (A, B, C, D)	Component	Location (L, C, R) or Component Number **	Sub Component	Substrate	Paint Condition (Good, Fair, Poor)	XRF Reading * (mg/cm ²)	Violation? (x)	Treatment Method (Abatement or Interim Controls)

* XRF Printouts must be attached ** Location = Left, Center or Right

Component number is for multiple components on the same wall. It consists of the wall designation (A, B, C, D) plus the component's number from left to right (A1, A2, etc.).

**ENVIRONMENTAL INTERVENTION REPORT
(Continued)**

DUST WIPES TESTING

Street Address				Floor #	Apt. #	Inspector's Initials	
City					Zip Code		
Room Name/ Number	Component	Location (L, C, R) or Component Number **	Sub Component	Substrate	Paint Condition (Good, Fair, Poor)	Violation? (x)	Treatment Method (Abatement or Interim Controls)
/							
/							
/							
/							
/							
/							
/							
/							
/							
/							

* Laboratory reports must be attached ** Location = Left, Center or Right

Component number is for multiple components on the same wall. It consists of the wall designation (A, B, C, D) plus the component's number from left to right (A12, A2, etc.).

**ENVIRONMENTAL INTERVENTION REPORT
(Continued)**

MISCELLANEOUS TESTING *

Street Address		Floor #	Apt. #	Inspector's Initials	
City			Zip Code		
Soil / Water / Other	Sample Location / Type	Instrument Test Results	Reference Laboratory Test Results *	Violation? (x)	Treatment Method (Abatement or Interim Controls)

* Laboratory reports must be attached.

**ENVIRONMENTAL INTERVENTION REPORT
(Continued)**

**PAINT CHIP TESTING *
(IF APPLICABLE)**

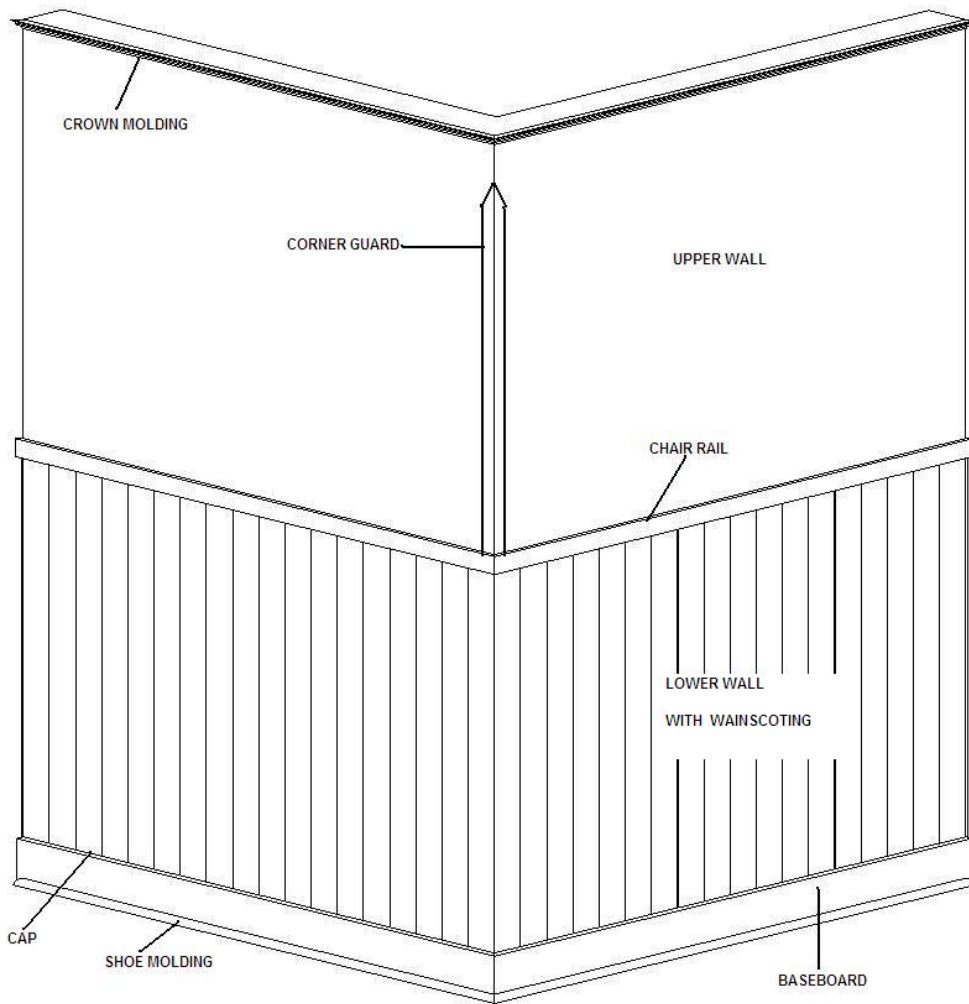
Street Address				Floor #	Apt. #	Inspector's Initials		
City					Zip Code			
Room Name/ Number	Wall (A, B, C, D)	Component	Location (L, C, R) or Component Number **	Sub Component	Substrate	Paint Condition (Good, Fair, Poor)	Violation? (x)	Treatment Method (Abatement or Interim Controls)
/								
/								
/								
/								
/								
/								
/								
/								

* Laboratory reports must be attached ** Location = Left, Center or Right

Component number is for multiple components on the same wall. It consists of the wall designation (A, B, C, D) plus the component's number from left to right (A1, A2, etc.)

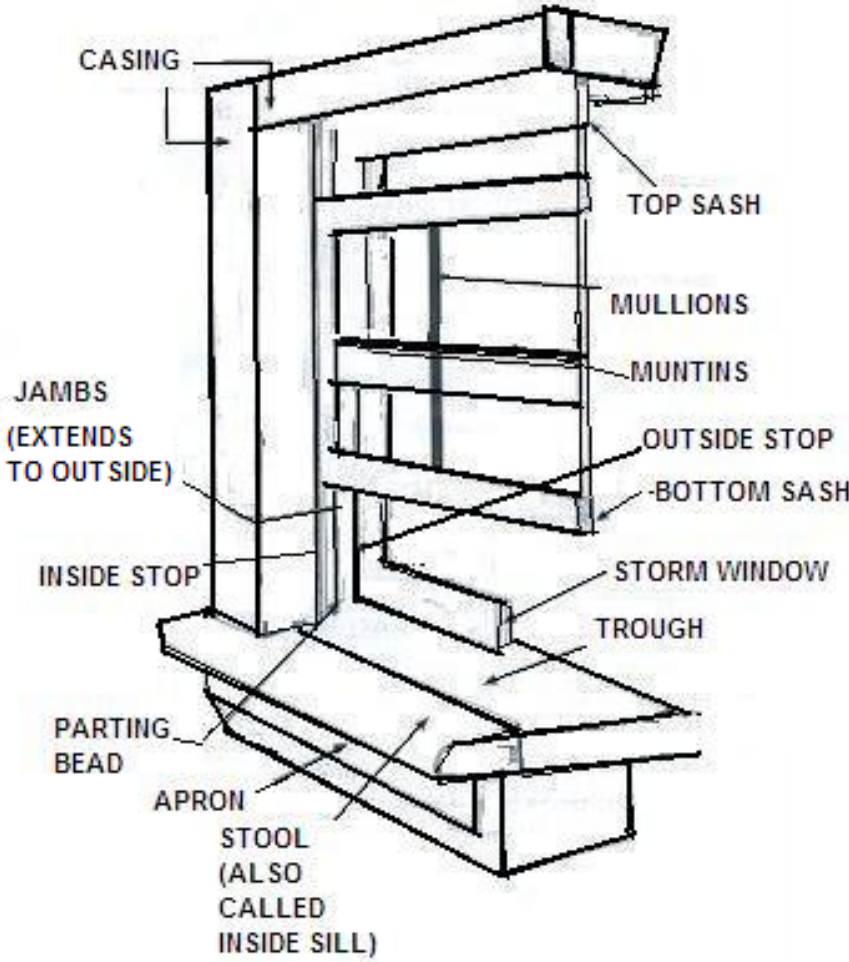
New Jersey Department of Health [and Senior Services]
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

STANDARD HOUSING COMPONENT TERMINOLOGY



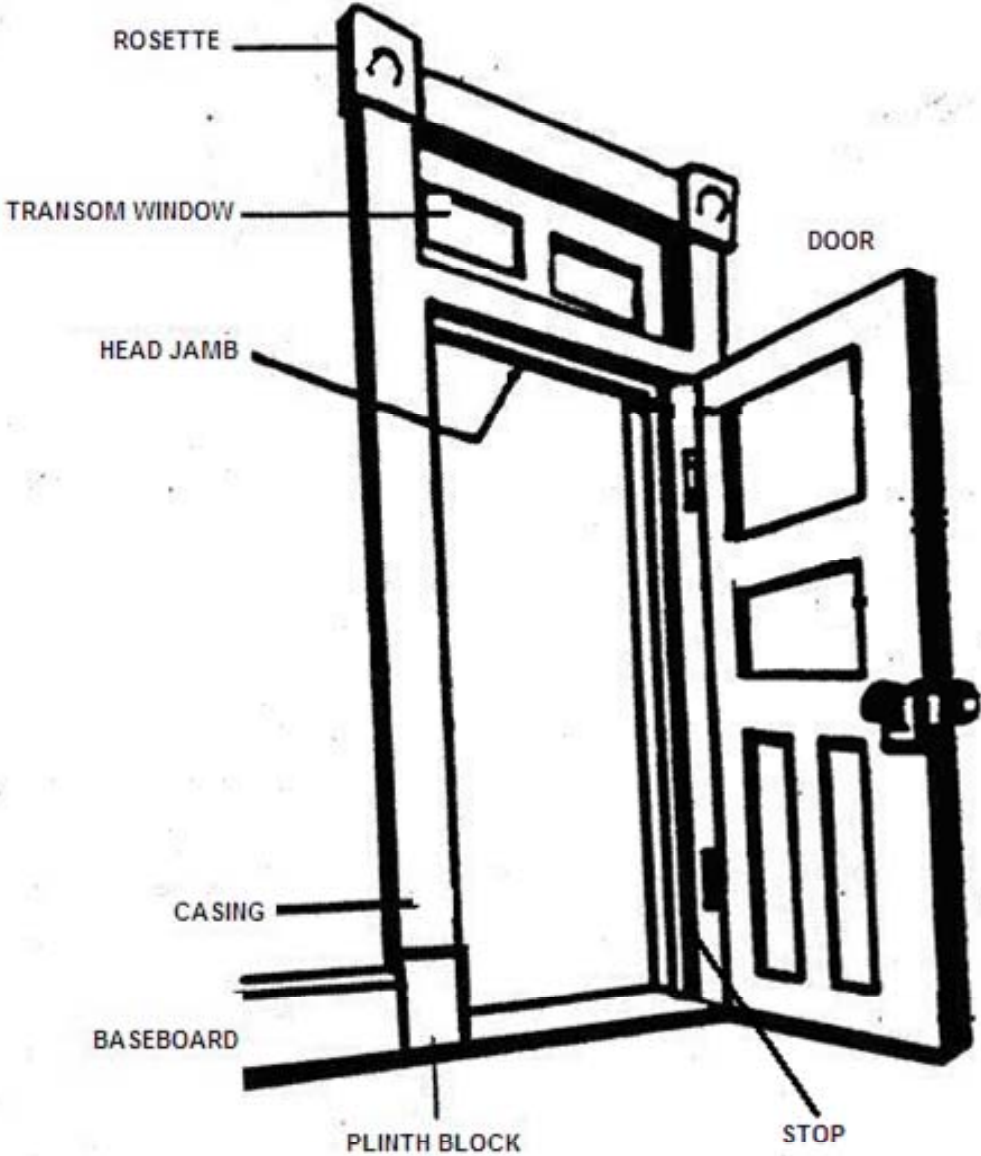
WALL COMPONENTS

STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



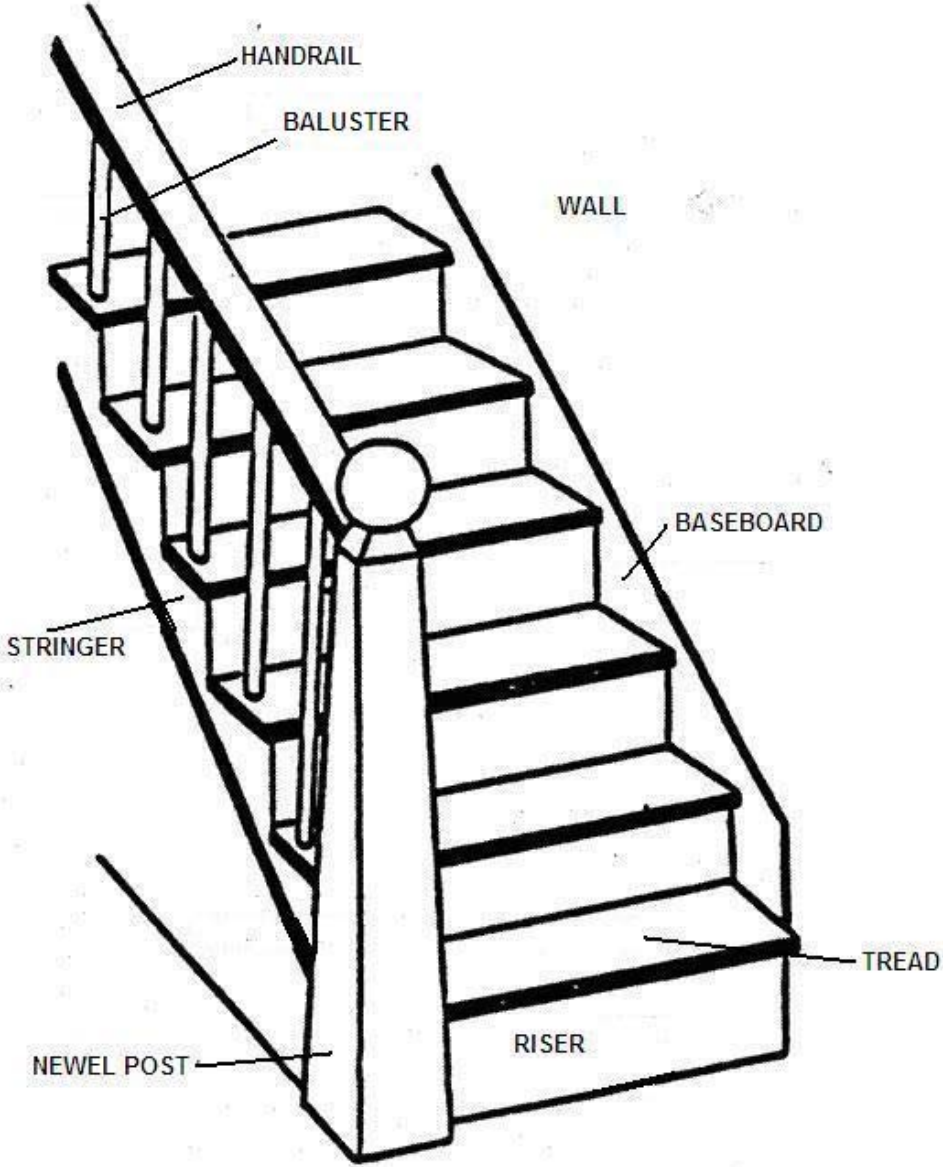
WINDOW COMPONENTS

STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



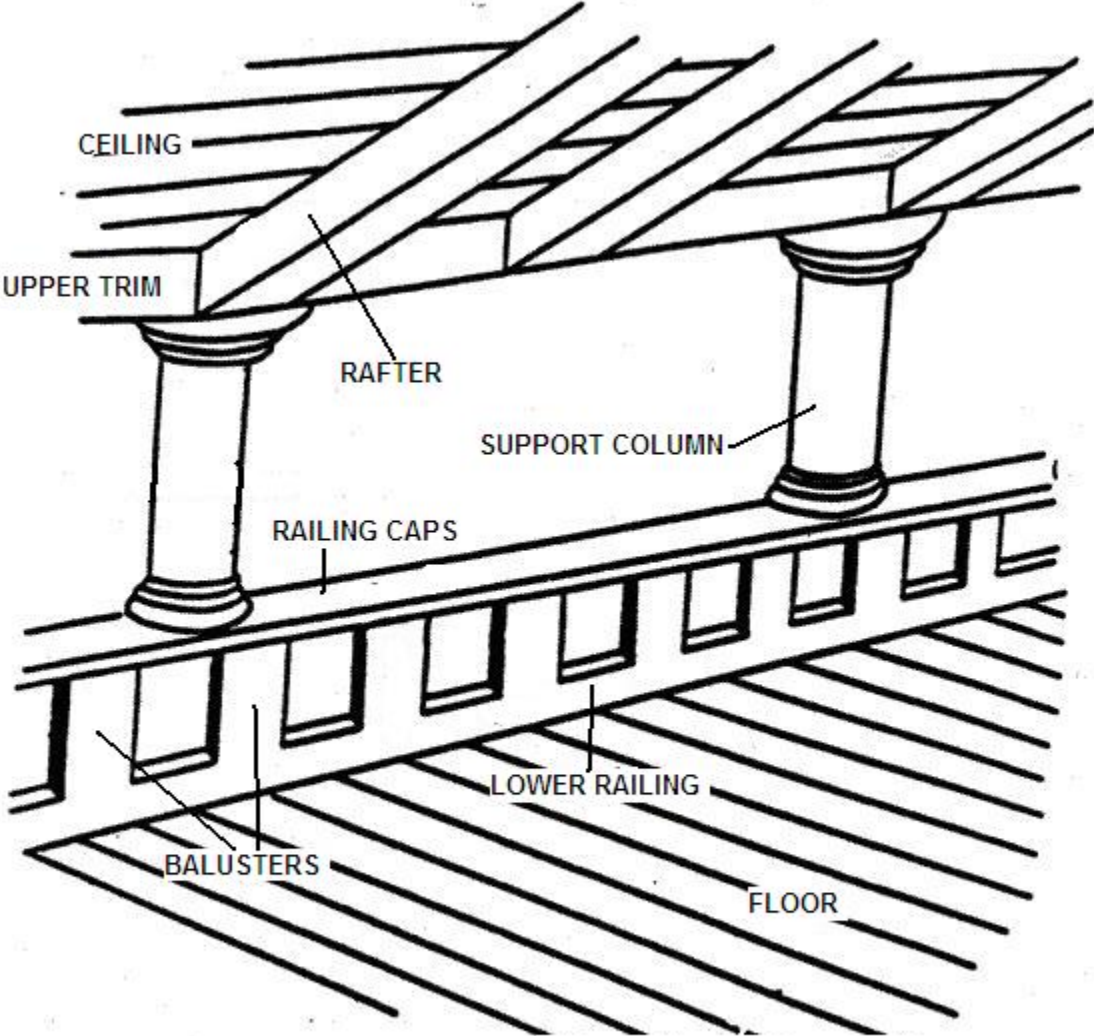
DOOR COMPONENTS

**STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)**



STAIRWAY COMPONENTS

STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



PORCH COMPONENTS

APPENDIX D

**New Jersey Department of Health [and Senior Services]
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364**

PROTOCOL FOR DATA ENTRY IN THE CHILDHOOD LEAD [POISONING] INFORMATION DATABASE AND COMMUNICATION

- **Title:** Documentation of case management and environmental activity data in the Childhood Lead [Poisoning] Information Database and communication with the New Jersey Department of Health [and Senior Services] (NJDOH[SS]).
- **Purpose:** To establish the protocols and standard operating procedures for the users of the Childhood Lead [Poisoning] Information Database for:
 - A. Documenting data; and
 - B. Communicating with NJDOH[SS] about duplicate records.
- **Scope:** N.J.A.C. 8:51 Appendix D is applicable to all case managers, public health nurses, environmental inspectors, supervisors, and data entry personnel at the local health departments who access the Childhood Lead [Poisoning] Information Database.
 - Protocol A: Documentation of data
 1. Case management activity data and environmental activity data must be documented in the appropriate fields accurately and completely, within five working days from the time of data collection and/or activity.
 2. Data entry may be performed either by the case managers/lead inspectors or by designated, trained data entry personnel.
 3. Notes should only be used for the documentation of items pertaining to situations other than those that can be captured in the EVENTS, ASSESSMENTS, REFERRALS, SAMPLES, or ATTACHMENTS sections.
 4. For every new item pertaining to any of the sections (for example, note, event, assessment, attachment, referral, samples) a new entry should be added (by clicking “**add new**”) rather than appending the new entry to an existing entry.

**PROTOCOL FOR DATA ENTRY IN THE CHILDHOOD LEAD [POISONING]
INFORMATION DATABASE AND COMMUNICATION
(Continued)**

o Protocol B: Communicating with NJDOH[SS] about duplicate records

When duplicate addresses and/or cases are observed, please send a message to your NJDOH[SS] contact person as described below:

1. The message for alerting NJDOH[SS] about duplicate patients must contain the following information:
 - i. Patient identification number;
 - ii. Which patient identification number is to be kept;
 - iii. Patient Names (if different spellings, mention all);
 - iv. Patient Date of Birth (DOB) (if different, mention all); and
 - v. Correct name and DOB.

2. The message for alerting NJDOH[SS] about duplicate or incorrect addresses must contain the following information:
 - i. All street addresses displayed;
 - ii. Correct street address (if applicable);
 - iii. ZIP code(s);
 - iv. Correct ZIP code (if applicable); and
 - v. Patient name and DOB.

APPENDIX E

**New Jersey Department of Health
Child and Adolescent Health Program
PO Box 364
Trenton NJ 08625**

USER CONFIDENTIALITY AGREEMENT

This Data Confidentiality Agreement (Agreement) is set forth in accordance with New Jersey and Federal statutes, regulations, procedures and policies. I understand that my access to personally identifiable data, information, and records (PII) as that term is defined in the Privacy Act of 1974 (Pub. L. 93-570, 88 Stat. 1896, enacted December 31, 1974, 5 U.S.C. 552a and Office of Management and Budget Circular (M-07-16), and maintained in Childhood Lead Information Database, (referred to as "database"), is limited to the PII necessary to carry out my essential job responsibilities.

In accordance with N.J.A.C. 8:51, N.J.S.A. 26:2-137.6 and Executive Order No. 100 (Governor Corzine; April 29, 2008) NJDOH hereby authorizes certain individuals in the following categories to access the database for performance of official duties of State and local government in cases of elevated blood lead levels in children upon signing of this Agreement:

- 1) case managers;
- 2) environmental inspectors;
- 3) supervisors responsible for overseeing or handling referrals and cases; and
- 4) support staff who need to have access to the database in order to support individuals set forth in 1-3 above.

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to the database.

1. I will keep strictly confidential all information and PII, in any format, that I receive from the database or to which I have access in the database.
2. I will use my authorized access to the database in the performance of only my essential work functions, of State or local government official childhood elevated blood lead level referrals or case management duties, and limited to only my jurisdiction and user role.
3. I will comply with all controls established by NJDOH regarding the use of PII maintained within database.
4. I will not disclose PII or information in the database to unauthorized persons without written authorization of the PII owner, except as permitted under applicable State or Federal law. I understand and agree that my duty to avoid such disclosure will continue even after I am no longer employed.
5. I will not divulge, disclose, use, transfer, remove, or otherwise furnish PII or information from the database to any individual or organization for any use not authorized by NJDOH or to any person or entity not conducting official childhood elevated blood lead level referrals or case management duties, except as authorized by State law or rule or by Federal law or regulation.

6. I will exercise care to protect PII against accidental or unauthorized access, modifications, disclosures, or destruction.
7. I will not make any copies of PII or information in the database.
8. When discussing PII with other employees in the course of my work, I will exercise care to keep the conversation private so as not to be overheard by others who are not authorized to have access to PII.
9. I will not access or use any PII or information from database for any purpose that is not set forth with specificity in my essential childhood elevated blood lead level referrals or case management job functions without the written approval of my supervisor.
10. I agree to maintain the physical safeguards listed below for all paper copies of applications, reports, results, investigations, e-mails, facsimiles, etc., containing PII that I access in the database.
 - a. Before stepping away from my desk, I will place all such documents in a folder;
 - b. At the end of each work day, I will file and store all such documents in a locked filing cabinet; and
 - c. I will not remove any such documents from my work place without prior written approval from my supervisors.
11. I will not leave any work related documents or information, in any format, paper of electronic or other, unattended at any time, including I will not leave work related documents or information unattended in my car at any time.
12. I will store all work documents and data extracts from the database only on secure network drives and devices.
 - a. I will not store any PII on local hard drives or on non-secure network drives under any circumstances.
 - b. I will not transfer any PII maintained on database to my laptop, USB key, or any other removable media (collectively known as a "Device").
13. I will never use PII in an unencrypted e-mail communication for any reason.
14. I will always log out of any electronic database that I am using at the completion of my work. For added safety, I will close the browser window.
15. I will never share my password with anyone. I understand that each individual authorized to access the database must be assigned his/her own user-ID and password.
16. I will not store user-IDs or passwords on computers. I will disable any utility for storing user-IDs and passwords on the computer and will request authorized IT staff assistance if needed.

17. I understand that NJDOH may audit any record, electronic or written, that is part of or derived from the database or pertains to the information entered into the database.
18. I will report immediately to my supervisor and NJDOH any breach of confidentiality.
19. I understand that my failure to abide by this Agreement may result in suspension or termination of my user privileges, disciplinary action, and the imposition of any penalties as prescribed by State or Federal law.

Acknowledgement and Agreement

I have read the above User Confidentiality Agreement. I understand the content and intent of this Agreement and agree to abide by it.

Printed Name and Title

Signature

Date

APPENDIX F

New Jersey Department of Health [and Senior Services]
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

**NOTICE OF VIOLATION
INSTRUCTIONS FOR THE
LOCAL BOARDS OF HEALTH**

1. At a minimum, the notice of violation given to the property owner or the family of the [lead burdened] child[ren] **with an elevated blood lead level** shall contain all the information provided in [the Template for Notice of Violation] Appendix F.
2. No child specific information shall be mentioned on the notice of violation or on any other correspondence with the property owner.

TEMPLATE FOR NOTICE OF VIOLATION

Date

Name of Owner of Record
Address of Owner of Record

Subject: *(Fill in full address of subject property including apartment number if any.)*

Dear Owner:

In accordance with N.J.A.C. 8:51, an environmental intervention was conducted on _____ *(date of onsite testing)* at the above referenced property by _____ *(name of inspector)*. Testing of building components, household dust and/or bare soil was performed to determine if lead-based paint, lead dust or lead soil hazards exist.

We have found hazardous levels of lead at the location(s) identified in the attached report.

You are hereby required to remediate all lead hazards identified in the attached report within _____ days of the date of this notice. Failure to remediate all lead hazards within that timeframe will result in the initiation of legal proceedings against you and the levying of fines as set forth at N.J.A.C. 8:51-9.1.

N.J.A.C. 8:51-6.2 does allow interim control measures to be used to remediate exterior lead hazards; however, all interior lead hazards shall be treated using abatement methods. Please review the attached report to determine if you can use interim controls on the exterior hazards found at your property. If interim controls on exterior hazards are permitted, you must use qualified contractors trained in lead-safe work practices to perform the work. The contractors must comply with the provisions of N.J.A.C. 8:51-6.2, a copy of which is attached.

All lead abatement work undertaken in response to this Notice of Violation shall be performed in accordance with N.J.A.C. 5:17 Lead Hazard Evaluation and Abatement Code including, but not limited to:

- hiring a properly certified lead abatement firm to perform the abatement work;
- filing a permit prior to commencement of lead abatement work with the Local Construction Official;
- filing a 10-day notice with the Department of Community Affairs (DCA) prior to commencement of work;
- relocation of occupants and their belongings during performance of abatement work;
- hiring of an independent lead evaluation firm to conduct final clearance testing at the completion of lead abatement work; and
- filing for a Certificate of Clearance with the Local Construction Official to close out the permit.

***All remediation work undertaken in response to this Notice of Violation shall comply with the owner's responsibilities and compliance criteria in accordance with N.J.A.C. 8:51-7.1(a)3:**

- **Within 30 days from the date of Notice of Violation identifying the lead hazards a scope of work shall be submitted to the local board of health.**
- **Within 45 days from the date of Notice of Violation identifying the lead hazards the property owner shall secure financial resources.**
- **Clearance testing shall be performed by an independent certified risk assessor no sooner than one hour after the final cleaning is completed pursuant to N.J.A.C. 5:17 and within 30 calendar days from the final cleaning pursuant to N.J.A.C. 8:51-8.2(a).***

To locate a certified lead abatement firm or lead evaluation firm visit the DCA website at: http://www.state.nj.us/dca/codes/code_services/xls/clc.shtml.

[If you cannot afford to perform the lead remediation, financial assistance may be available from the Lead Hazard Control Assistance (LHCA) Program. Contact the LHCA Program at: www.leadsafenj.org or by calling toll free 877-DCA-LEAD.]

Upon completion of work, the lead evaluation firm you selected to perform Clearance must provide you with a maintenance plan which provides for routine inspection of leaded surfaces which were not treated under this Notice of Violation to insure the paint remains intact as well as leaded surfaces which were treated using limited paint removal, enclosure or encapsulation methods to insure those treatments have not failed. All housing conditions which could contribute to the deterioration of lead-based paint such as leaking roofs or plumbing must also be routinely evaluated and deficiencies must be corrected.

The Federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained in this notice, to purchasers and tenants at the time of sale or lease, or upon lease renewal. Specific exceptions to this disclosure requirement are listed at 24 CFR Part 35.82. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development, and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35, and 40 CFR Part 745, and can result in a fine of up to \$11,000 per violation.

If you have any questions, please contact _____ (*contact name*)
at _____ (*phone number*).

**CHILDHOOD LEAD [POISONING] EXPOSURE
PREVENTION HOME VISIT**

Note: This form is intended for use during nurse case manager home visits to document issues not captured through the Lead Hazard Assessment Questionnaire (**Appendix A**) or Preliminary Environmental Evaluation (**Appendix L**) as indicated. The nurse case manager and environmental inspector should collaborate in administration of the [latter] forms. [and in completing Plan of Action-Part I.]

Contact Information (To facilitate data entry, verify spellings against written documents.)			
Date of Visit		Child's Date of Birth	
Last (Family) Name of EBLL Child			
First Name		Middle Name	
Street Address		Apt. #	Floor #
Town/City		Zip Code	
Primary Phone ()		Alternate Phone or Cell ()	
Most likely times to reach someone at the primary phone			
Directions to Home			
Caregiver Information			
Person Interviewed			
Primary Language of the Household		Will translator be needed for future visits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/Relationship/Country of Origin	Phone Numbers		Occupation and Work Schedule
Mother	Home		Occupation
	Business		
Country of Origin	Cell		Work Schedule
Father	Home		Occupation
	Business		
Country of Origin	Cell		Work Schedule
Foster Parent/ Legal Guardian	Home		Occupation
	Business		
Country of Origin	Cell		Work Schedule
Other	Home		Occupation
	Business		
Country of Origin	Cell		Work Schedule

**CHILDHOOD LEAD [POISONING] EXPOSURE PREVENTION HOME VISIT
(Continued)**

Emergency Contact (who will always know how to reach you in case you move)		
Name	Relationship	Home Phone
Address		[Business Phone] *Cell Phone*
Name	*Relationship*	*Home Phone*
Address		*Cell Phone*

Household Members						
First Name	Last (Family) Name	Relationship	Sex	DOB	Health Status (i.e., pregnant, physical disability)	Date Screened for Lead (Child or pregnant woman only)

Medical Insurance/Social Services Currently Received By [EBLL] Child *with Elevated Blood Lead Level*	
Family Care/Medicaid:	ID #: _____ Medicaid #: _____
HMO:	Name: _____
HMO Case Manager:	_____
Uninsured:	Describe why: _____
Private Insurance:	Name: _____
Who is the child's current [health] *primary* care provider? [Physician] *Primary Care Provider*/Clinic Name: _____ Phone #: _____ Address: _____	
Is this child experiencing any barriers to obtaining medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify: <input type="checkbox"/> Transportation <input type="checkbox"/> Language Barrier <input type="checkbox"/> Not Convenient for Work Schedule <input type="checkbox"/> Cannot Find Child Care for Other Children <input type="checkbox"/> Literacy <input type="checkbox"/> Other: _____	
Does the family use any alternative sources for medical advice? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify: Alternative Medical Provider: _____ Phone #: _____ Address: _____	

**CHILDHOOD LEAD [POISONING] EXPOSURE PREVENTION HOME VISIT
(Continued)**

**[STOP: Administer the Lead Hazard Assessment Questionnaire before
proceeding with remaining questions]**

Special Child Services

Is the child being served by any of the following agencies?

- WIC..... Yes No
- Food Banks..... Yes No
- Special Child Health Services..... Yes No
- Early Intervention Services (EIS)..... Yes No
- Head Start..... Yes No
- Energy Assistance for Low Income Families..... Yes No
- [DYFS] Department of Children and Families..... Yes No
- Other Health Department Maternal and Child Health Programs (*describe*):
- _____ Yes No
- _____ Yes No

Child's Health History

Do you have any concerns about your child's health?

- Yes No

If Yes, explain: _____

When was the last time your child was seen by [the doctor] a **primary care provider***? _____

Child's Lead Test History

Is the [doctor] ***primary care provider*** aware of your child's blood lead test history? Yes No

Has your child ever been hospitalized for [lead poisoning] **elevated blood lead levels**? Yes No

If Yes, dates: _____

Has your child ever received chelation therapy? Yes No

If Yes, dates: _____

Has any other child in this household been diagnosed with [lead poisoning] **elevated blood lead levels**? Yes No

If Yes, name/dates: _____

Other Health Conditions

Does your child have a history of.....? (*Check all that apply*)

<u>Condition</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Diagnosed
Iron Deficiency Anemia.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Hearing or Vision Problems, Headaches.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Attention Deficit or Learning Disabilities.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Weight Loss, Loss of Appetite.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Asthma.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Diabetes.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**CHILDHOOD LEAD [POISONING] EXPOSURE PREVENTION HOME VISIT
(Continued)**

Other Health Conditions, Continued

Does your child have a history of.....? (Check all that apply)

<u>Condition</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Date Diagnosed</u>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fine motor coordination, gait or balance problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic constipation, vomiting or stomach pain.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lethargy, tiredness, sleep loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drug or alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scoliosis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Allergies

Allergies (Check all that apply):

- Medications Food Environmental Other None

If checked, describe: _____

Current Medications - Include all prescription medications, over-the-counter, and vitamin/mineral/herbal supplements (including supplements prescribed by a [health] *primary* care provider).

Medication Prescribed by [Health] *Primary* Care Provider	Dose	Route	Frequency	Start Date	Reason
Over the Counter	Dose	Route	Frequency	Start Date	Reason
Vitamin/Mineral/Herbal Supplements/Home Remedies	Dose	Route	Frequency	Start Date	Reason

**CHILDHOOD LEAD [POISONING] EXPOSURE PREVENTION HOME VISIT
(Continued)**

Nutritional Assessment

Do you have food available for the family all days of the month? Yes No

Does your child have a good appetite? Yes No

How many meals does your child eat each day? _____

How many snacks? _____

Does your child eat at school/daycare? Yes No

How many meals? _____

Does your child eat at fast food restaurants? Yes No

How often? _____

Record the frequency with which the child eats the following foods:	Daily	Weekly	Never
Milk Products:			
Cheese, Yogurt			
Whole Milk			
Skim or Low-fat Milk			
Breast Milk			
Formula			
Meat and Beans:			
Chicken, Beef, Pork, Poultry			
Fish and Shellfish			
Eggs			
Dried Beans, Peas, Peanut Butter			
Grains:			
Bread, Crackers, Cereal, Macaroni, Spaghetti, Tortillas, Pasta			
Fruits:			
Fruit, Fruit Juice			
Vegetables:			
Vegetables			
Potatoes			
Other:			
Soft Drinks			
Pastries, Ice Cream, Desserts			
Candy			
Chips, Snacks or Other High-fat Foods			

**CHILDHOOD LEAD [POISONING] EXPOSURE PREVENTION HOME VISIT
(Continued)**

Home Safety Checklist			
Working smoke alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Living area free of dust and debris <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications stored out of reach	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insects/rodents absent <input type="checkbox"/> Yes <input type="checkbox"/> No
Structurally sound	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Absence of foul odor <input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate heat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate water supply <input type="checkbox"/> Yes <input type="checkbox"/> No
Stairs in good repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate sewage disposal <input type="checkbox"/> Yes <input type="checkbox"/> No
Child safety gates present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Uses child seat in car <input type="checkbox"/> Yes <input type="checkbox"/> No
Unobstructed exits/entries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency numbers present <input type="checkbox"/> Yes <input type="checkbox"/> No
Uncluttered living space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate lighting in hall/stairs/exit <input type="checkbox"/> Yes <input type="checkbox"/> No
Mats/throw rugs secured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Locked storage of toxic chemicals <input type="checkbox"/> Yes <input type="checkbox"/> No
Proper functioning stove	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Night lights in bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No
Functioning refrigerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Covers on electrical outlet <input type="checkbox"/> Yes <input type="checkbox"/> No
Sink with running water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family escape plan for fire <input type="checkbox"/> Yes <input type="checkbox"/> No
Properly vented gas appliances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fire extinguishers present and working <input type="checkbox"/> Yes <input type="checkbox"/> No
No exposed/frayed wiring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Working carbon monoxide detector <input type="checkbox"/> Yes <input type="checkbox"/> No
Water temp. set <120F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yard free of clutter <input type="checkbox"/> Yes <input type="checkbox"/> No
Window guards present (if unit is above ground floor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Curtain/blind cords secured <input type="checkbox"/> Yes <input type="checkbox"/> No
			Trash in covered receptacle <input type="checkbox"/> Yes <input type="checkbox"/> No
No mold/moisture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Absence of tobacco smoke in unit <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergen-proof mattress/pillow covers on beds of asthmatics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heavy furniture and electronics secured <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of [Public Health Nurse] Case Manager who completed this form:	
Name (Print)	Date

Name of [Public Health Nurse] Case Manager who updated this form since initial home visit:	
Name (Print)	Date

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health [and Senior Services]

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last) (First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
----------------------	---

MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health [and Senior Services], Vaccine Preventable Diseases [Immunization] Program at 609-826-4860 [588-7512].

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.

APPENDIX I

**New Jersey Department of Health [and Senior Services]
 Child and Adolescent Health Program
 PO Box 364
 Trenton, NJ 08625-0364**

NUTRITIONAL ASSESSMENT
(to be used at subsequent home visits)

Name of Baby/Child	Age
--------------------	-----

Nutritional Assessment

Do you have food available for the family all days of the month? Yes No

Does your child have a good appetite? Yes No

How many meals does your child eat each day? _____

How many snacks? _____

Does your child eat at school/daycare? Yes No

How many meals? _____

Does your child eat at fast food restaurants? Yes No

How often? _____

Record the frequency with which the child eats the following foods:	Daily	Weekly	Never
Milk Products:			
Cheese, Yogurt			
Whole Milk			
Skim or Low-fat Milk			
Breast Milk			
Formula			
Meat and Beans:			
Chicken, Beef, Pork, Poultry			
Fish and Shellfish			
Eggs			
Dried Beans, Peas, Peanut Butter			
Grains:			
Bread, Crackers, Cereal, Macaroni, Spaghetti, Tortillas, Pasta			
Fruits:			
Fruit, Fruit Juice			
Vegetables:			
Vegetables			
Potatoes			
Other:			
Soft Drinks			
Pastries, Ice Cream, Desserts			
Candy			
Chips, Snacks or Other High-fat Foods			

**New Jersey Department of Health [and Senior Services]
 Child and Adolescent Health Program
 PO Box 364
 Trenton, NJ 08625-0364**

QUALITY ASSURANCE AND IMPROVEMENT

Purposes:

- To assure the accuracy of data entry into the Childhood Lead [Poisoning] Information Database;
- To provide and educate the staff related to the quality of data being placed into the Childhood Lead [Poisoning] Information Database; and
- To provide feedback to the Department of Health [and Senior Services] on Quality Improvement issues related to the outcome of the Quality Assurance Audit.

Guidelines for Reporting of Quality Assurance and Improvement

- Complete the Quality Assurance and Improvement Audit and submit to NJDOH[SS] quarterly in the format designated by the NJDOH[SS] Child Health Coordinator by the 15th of the following months: January, April, July and October.
- Health Officer or designee shall perform the quality assurance audit on 10% of active case management cases. (Minimum of five cases and maximum of 20 cases shall be reviewed). This audit will include both nursing case management and environmental inspector cases.

Name of Health Department	Quarterly Review Date
Reviewer Name	

LeadTrax ID #	Name of Nurse Case Manager	Name of Environmental Inspector	Name of Data Entry Clerk	QA/QI

APPENDIX K

**CHILDHOOD LEAD EXPOSURE
CASE CLOSURE**

Child's Full Legal Name	
Address	
Date Case Closed	Last Blood Lead Level (BLL) _____ µg/dL ___capillary ___venous
Name of Primary Care Provider (notified of case closure)	Date Case Closure Form sent to Primary Care Provider

CRITERIA FOR CASE CLOSURE		
<p>Cases should be closed when the following criteria are met:</p> <ol style="list-style-type: none"> 1. Single, capillary, BLL 5 µg/dL or greater, in accordance with 2.4(a)-(b). 2. Single, venous, BLL 5 to 9 µg/dL, in accordance with 2.4(c) and 4.1 (g)-(h). 3. Two, venous (1-4 months apart), BLL 5 to 9 µg/dL, in accordance with 2.4(c) and 4.1(a)-(d), and as applicable 4.1(f), 4.2, 4.3(a)-(b), 4.3(c). 4. Single, venous, BLL 10 to 44 µg/dL, in accordance with 2.4(c) and 4.1(a)-(d), and as applicable 4.1(f), 4.2, 4.3(a)-(b), 4.3(c). 5. Single, venous, BLL 45 µg/dL or greater, in accordance with 2.4(d) and 4.1(a)-(d), and as applicable 4.1(f), 4.2, 4.3(a)-(b), 4.3(c). 	OR	<p>Cases should be closed administratively if:</p> <ul style="list-style-type: none"> • At least 3 documented attempts to locate or gain access to the child and parent/legal guardian have failed. • One documented attempt as certified letter from the board of health to the parent/legal guardian has failed.

CHECK ALL THAT APPLY:		
Check	Closure Reasons	Additional Notes:
<input type="checkbox"/>	Single venous BLL below 5µg/dL after 3 months.	
<input type="checkbox"/>	Environmental lead hazards have been abated and/or managed using interim controls.	
<input type="checkbox"/>	Plans have been completed with the primary care provider and the parent/legal guardian for long-term developmental follow-up.	
<input type="checkbox"/>	Administrative Closure: Lost to follow-up/Unable to locate	Date of first home visit attempt: _____ Date of second home visit attempt: _____ Date certified letter sent: _____
<input type="checkbox"/>	Services refused	
<input type="checkbox"/>	Moved out of Jurisdiction/State to: _____ _____	Date of referral: _____ Name of Agency referred to: _____
<input type="checkbox"/>	Other (Specify): _____ _____	
Signature of Case Manager		Date of Signature

**CASE CLOSURE
(Continued)**

LP-11
APR 16

LP-11
JUL 10

New Jersey Department of Health
 Child and Adolescent Health Program
 PO Box 364
 Trenton, NJ 08625-0364

PRELIMINARY ENVIRONMENTAL EVALUATION

		Total Number				
1. Including yourself, what is the number of people living in the home?						
a. Children less than 72 months of age (before the 6th birthday)						
b. Pregnant women						
2. In your current home, do you:						
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Alternate Occupancy Arrangement						
3. Describe your current home:						
<input type="checkbox"/> Single family detached <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-family housing (apartment, condo, townhome) <input type="checkbox"/> Other						
4. Was your home built before 1978?						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Reported by Tenant <input type="checkbox"/> Confirmed by Home Visitor						
5. Do you have any of the following conditions in your home?		<i>Please mark applicable responses with a "X".</i>				
		Reported	Observed	None	No Access	
a. Chipped or peeling paint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Old pipes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has your home been tested for?		<i>Please mark applicable responses with a "X".</i>				
		Tested and Passed	Tested and Failed but Abatement Complete	Tested and Failed but Abatement Not Complete	Not Tested	Don't Know
a. Lead		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. In the past 30 days, have you seen evidence of leaks from the ceilings in your home? (Check all that apply)		<i>Please mark applicable responses with a "X".</i>				
		Reported	Observed	None		
a. Leaks from ceilings?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. What kind of floors do you have in your home?		<i>Please mark applicable responses with a "X".</i>				
		Hard Surface (Tile, Wood, Laminate)	Area Rug(s)	Carpet	N/A	
		a. Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b. Bathroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		c. Bedroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d. Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		e. Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. How often do you clean the floors in your home with the following methods?		<i>Please mark applicable responses with a "X".</i>				
		Always	Frequently	Rarely	Never	
		a. Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sweep		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Wet Mop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PRELIMINARY ENVIRONMENTAL EVALUATION
(Continued)**

10. Since you have lived here, has there been any active remodeling in your home/this unit in the past year, or do you know of any future plans for remodeling in your home within the next year?		<i>Please mark applicable responses with a "X".</i>		
		Yes	No	Don't Know
a. Past remodel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Future remodel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If chipping and peeling paint was observed in the following rooms (see Question 5), note the following:	Paint Condition (fair, poor) and Extent (visible chips and/or dust in window wells, window sills, on the floor)	Specific Location Within the Room		
a. Entrance to residence				
b. Hallway(s)				
c. Living Room				
d. Bedroom(s)				
e. Bathroom(s)				
12. What is the primary source of water in your home?				
<input type="checkbox"/> Municipal <input type="checkbox"/> Private Well <input type="checkbox"/> Don't Know				
12a. To your knowledge, has the water ever been tested for lead?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
13. Is there bare soil to which children have access?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
14. Is this dwelling located near a lead-producing industry (e.g. battery plant, smelter, radiator repair shop, electronics/soldering industry)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
14a. If Yes, specify the industry and location (if known):				
15. Is the dwelling located within two blocks of a major highway, freeway, elevated highway, or other transportation structures?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
16. To your knowledge, does anyone in the household: (Check all that apply.)			<i>Please mark applicable responses with a "X".</i>	
			Yes	No
a. Work in an occupation or hobby that uses lead			<input type="checkbox"/>	<input type="checkbox"/>
b. Use imported cosmetics			<input type="checkbox"/>	<input type="checkbox"/>
c. Use cultural remedies			<input type="checkbox"/>	<input type="checkbox"/>
d. Prepare, serve, and/or store liquids/foods in metal, pewter, glazed, soldered or crystal containers			<input type="checkbox"/>	<input type="checkbox"/>
e. Use imported spices			<input type="checkbox"/>	<input type="checkbox"/>
f. Consume snacks or candies with chili, tamarind, or sold in clay pots			<input type="checkbox"/>	<input type="checkbox"/>

**Appendix M
Summary of Public Health Actions
for Elevated Blood Lead Levels**

Category 1

Blood Lead Level	Specimen Type and Frequency	Case Management	Environmental Intervention or Preliminary Environmental Evaluation
5 to 9 ug/dL	Single capillary	<p>2.4(a)-(b) Activities 2.5 Home Visit Schedule</p> <ul style="list-style-type: none"> • Home visit • Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene, housekeeping) and other risk reduction measures. • Recommend venous blood lead retesting of the child and blood lead screening of siblings, other children, and pregnant women living in the same household. • Determine whether or not the child has a primary care provider. • Refer to appropriate community resources. 	N/A

Category 2			
Blood Lead Level	Specimen Type and Frequency	Case Management	Environmental Intervention or Preliminary Environmental Evaluation
5 to 9 ug/dL	Single venous	<p>2.4(c) Activities 2.5 Home Visit Schedule</p> <ul style="list-style-type: none"> • Home visit • Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene, housekeeping) and other risk reduction measures. • Determine whether or not the child has a primary care provider. Refer to appropriate community resources. • Complete case management assessments (Appendices G, H, I) • Review the Preliminary Environmental Evaluation (Appendix L) to ensure that the child's environment has been evaluated for potential paint and non-paint lead hazards. • Assist the family in arranging for venous follow-up and monitor blood lead retesting and results. • Educate about lead hazards that may be present on the premises. • Monitor follow-up activities. 	<p>4.1(g)-(h) Activities 2.5 Home Visit Schedule</p> <p>Conduct Preliminary Environmental Evaluation (Appendix L)</p>

Category 3			
Blood Lead Level	Specimen Type and Frequency	Case Management	Environmental Intervention or Preliminary Environmental Evaluation
5 to 9 ug/dL OR 10 to 44 ug/dL	Two venous (1-4 months apart) Single venous	2.4(c) Activities 2.5 Home Visit Schedule <ul style="list-style-type: none"> • Home visit • Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene, housekeeping) and other risk reduction measures. • Determine whether or not the child has a primary care provider. • Refer to appropriate community resources. • Complete case management assessments (Appendices G, H, I) • Assist the family in arranging for venous follow-up and monitor blood lead retesting and results. • Educate about lead hazards that may be present on the premises. • Monitor follow-up activities. • Assess the need for emergency relocation. • Ensure a hazard assessment is completed at all proposed relocation addresses. 	4.1 (a)-(d) Activities 4.1 (e) Home Visit Schedule Conduct Environmental Intervention 4.1 (f) (premise constructed in 1978 or later) <ul style="list-style-type: none"> • Hazard Assessment Questionnaire (Appendix A) at primary residence. 4.2 (children up to 72 months) <ul style="list-style-type: none"> • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses. 4.3(a) & (b) (children 72 months or greater) <ul style="list-style-type: none"> • Limited Hazard Assessment at primary and secondary addresses. 4.3(c) (children 72 months or greater who have been medically diagnosed as having a development disability or developmental delay in which the effective developmental age is up to 72 months) <ul style="list-style-type: none"> • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses.

Category 4			
Blood Lead Level	Specimen Type and Frequency	Case Management	Environmental Intervention or Preliminary Environmental Evaluation
45 or greater ug/dL	Single venous	<p>2.4(d) Activities 2.5 Home Visit Schedule</p> <ul style="list-style-type: none"> • Home visit • Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene, housekeeping) and other risk reduction measures. • Determine whether or not the child has a primary care provider. • Refer to appropriate community resources. • Complete case management assessments (Appendices G, H, I) • Assist the family in arranging for venous follow-up and monitor blood lead retesting and results. • Educate about lead hazards that may be present on the premises. • Monitor follow-up activities. • Assess the need for emergency relocation. • Ensure a hazard assessment is completed at all proposed relocation addresses. • Recommend to the primary care provider immediate hospitalization. • Recommend to the primary care provider to communicate with New Jersey Poison Information and Education System (NJPIES). • Ensure that the child is relocated to lead-safe housing. • Ensure that the environmental intervention is completed at the relocation address prior to hospital discharge. • Assist the family in obtaining required prescriptions before 	<p>4.1 (a)-(d) Activities 4.1 (e) Home Visit Schedule</p> <p>Conduct Environmental Intervention</p> <p>4.1 (f) (premise constructed in 1978 or later)</p> <ul style="list-style-type: none"> • Hazard Assessment Questionnaire (Appendix A) at primary residence. <p>4.2 (children up to 72 months)</p> <ul style="list-style-type: none"> • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses. <p>4.3(a) & (b) (children 72 months or greater)</p> <ul style="list-style-type: none"> • Limited Hazard Assessment at primary and secondary addresses. <p>4.3(c) (children 72 months or greater who have been medically diagnosed as having a development disability or developmental delay in which the effective developmental age is up to 72 months)</p> <ul style="list-style-type: none"> • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses.

		<p>discharge from the hospital.</p> <ul style="list-style-type: none">• Ensure proper administration of the medication and timely medical follow-up during and after chelation.• Maintain communication regarding child's response to chelation, neurodevelopmental assessments, the referral process and the abatement status of the primary residence.	
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N.J.A.C. 8:51 Defined Terms

Case Management - a public health nurse's coordination, oversight and/or provision of the services required to identify lead sources, eliminate a child's lead exposure and reduce the child's blood lead level below 5 µg/dL.

Case Management Assessments - assessments that identify the wellness of the child and family consisting of Appendices G, H, and I.

Preliminary Environmental Evaluation - collection of background information on housing physical characteristics using Appendix L.

Environmental Intervention – identification of lead hazards in the child's environment, order of abatement or interim controls, education of the family.

Hazard Assessment –

- Administer the Hazard Assessment Questionnaire (Appendix A) and complete Appendices B and F.
- Collect information regarding physical characteristics and residential use patterns including age of structure and any additions; copies of any previous lead hazard inspections; diagram of the dwelling showing each room and its use; number of children up to 72 months of age and pregnant women; potential lead exposure sources in the neighborhood.
- Conduct a visual inspection of all interior and exterior painted surfaces and for evidence of chewing on painted surfaces.
- Test defective paint on interior surfaces, other buildings on the premises, furniture, toys and play structures using an XRF instrument.
- Test paint on intact friction surfaces and on chewable or evidence of chewing surfaces using an XRF instrument.
- Test paint on impact surfaces if damage of damage using an XRF instrument.
- Dust sampling of window sills and floors and areas where the child is likely to come in contact with dust.
- Evaluate exterior of the residence if no lead-based paint hazard is found in the interior.
- Testing of the soil, if no lead-based paint hazard is found in either the interior or exterior of the residence.

Limited Hazard Assessment –

- Administer the Hazard Assessment Questionnaire (Appendix A) and complete Appendices B and F.
- Collect information regarding physical characteristics and residential use patterns including age of structure and any additions; copies of any previous lead hazard inspections; diagram of the dwelling showing each room and its use; number of children up to 72 months of age and pregnant women; potential lead exposure sources in the neighborhood.
- Conduct a visual inspection of all interior and exterior painted surfaces and for evidence of chewing on painted surfaces.
- Test defective paint on interior surfaces, other buildings on the premises, furniture, toys and play structures using an XRF instrument.
- Dust sampling of window sills and floors and areas where the child is likely to come in contact with dust.

Lead Hazard - any condition that allows access or exposure to lead, in any form, to the extent that adverse human health effects are possible.

Note:

- Abatement is required on interior surfaces where a lead hazard has been identified.
- Abatement or interim controls may be ordered at the local health department's discretion on exterior surfaces where a lead hazard has been identified.