



Connecticut Department Of Public Health

Lead Working Group - Public Act 22-49 Meeting 4

Convened by Dr. Manisha Juthani, Commissioner

October 6, 2022 | 9:30 AM – 11:00 AM

Welcome & Agenda

9:30 - 9:35 | Welcome / Overview – Meeting Facilitator

- Lori Mathieu, DPH Branch Chief, Environmental Health & Drinking Water Branch

9:35 – 10:10 | Education Guidelines for the Prevention & Management of Lead Poisoning in Children

- Presentation by Chlo-Anne Bobrowski - Education Manager | Connecticut State Department of Education

10:10 – 10:45 | Lead in Childcare facilities & Post Discussion

- Presentation by Laura Fournier - Child Care Licensing Supervisor | CT Office of Early Childhood

10:45 – 10:55 | Public Comment – 3 min each person, total time 15 minutes

- Facilitated by Lori Mathieu & Dan Aubin

10:55 - 11:00 | Closing Comments





Education Guidelines for the Prevention & Management of Lead Poisoning in Children

- Presentation by Chlo-Anne Bobrowski - Education Manager
 - Connecticut State Department of Education

Post Presentation Discussion



CONNECTICUT STATE DEPARTMENT OF EDUCATION

Education Guidelines for the Prevention and Management of Lead Poisoning in Children

Chlo-Anne Bobrowski
Connecticut State Department of Education
October 4th, 2022

Purpose

Based on current research findings related to the effects of lead poisoning on the learning and behavior of individual children, schools have a responsibility to contribute to primary prevention and early intervention efforts to eliminate the occurrence of lead poisoning and address its effects on children. The purpose of these guidelines is to clarify the role of schools in meeting the needs of children and families affected by lead.

Purpose

What can schools do?



Guidelines

Step 1: Develop school district policy and procedures.

A policy addressing students affected by lead poisoning should briefly state a school district's commitment to collaboration with parents and community partners to identify and intervene early with children who have been exposed to lead. Alternatively, if the district already has a policy on educating students with special health care needs, lead poisoning can be one of the health conditions that is addressed within the broader policy.

Guidelines

Step 2: Educate school personnel.

It is important for staff to learn about the current research, understand the potential for permanent harm in affected children, and recognize their responsibilities in the prevention, identification of children exposed to lead, and early interventions to counteract the harmful effects of lead poisoning.

Guidelines

Step 3: Collaborate with parents and community partners to educate families and students.

Schools can contribute to primary prevention programs already established by local health departments and housing and medical providers funded to provide such programs in several ways.

Guidelines

Step 4: Immediately refer any children known to have exposure to lead to their medical provider and, if appropriate, refer for housing assistance. Students with symptoms consistent with lead toxicity should be referred for urgent medical evaluation.

School personnel are often in a good position to identify children who may have been exposed to lead. When this information comes to their attention, school personnel should make a referral to the child's medical provider and refer the family for housing assistance, if indicated. It is important to make these referrals as early as possible since lead poisoning often occurs with no obvious symptoms and, therefore, goes unrecognized.^{[37](#)}

Guidelines

Step 5: Use Child Find processes to locate, identify and refer as early as possible children with disabilities and their families who are in need of Early Intervention Program (Part C) or Preschool Special Education (Part B) services of the Individuals with Disabilities Education Improvement Act (IDEA).



Guidelines

Step 6: Refer and monitor children and young people birth to 21 who are at high risk for lead poisoning but do not have evidence of a BLL equal to or greater than 3.5 mcg/dL.

1. Ensure that they have been screened appropriately for blood lead. If not, referral for screening and medical monitoring is critical.
2. Refer, as appropriate, to social services, public health officials and medical providers for information regarding and assistance with prevention, housing, parenting, and financial, nutritional, and health care needs.
3. Monitor for screening results and changes in health status or living arrangements.
4. Re-refer as needed.

Guidelines

Step 7: Obtain a lead history for all students ages 3-21 identified as having a BLL equal to or greater than 3.5 mcg/dL.

For all students ages 3–21 attending school and identified as having a BLL equal to or greater than 3.5 mcg/dL, the school nurse at a minimum should:

- 1.obtain a focused BLL history from the child’s pediatrician or health care provider
- 2.refer the child to the appropriate school team after obtaining the child’s complete lead history.

Guidelines

Step 8: Develop a monitoring plan within a Scientific Research-Based Intervention (SRBI) framework, addressing the needs of all students ages 3–21, as appropriate, with a history of BLLs equal to or greater than 3.5 mcg/dL.

Students with a history of BLLs equal to or greater than 3.5 mcg/dL should be monitored as discussed above. The plan can be very simple.

The general education team will meet to review the child's progress on an annual basis, or more frequently (e.g., at progress monitoring intervals within the SRBI framework) should changes in health status, learning, or behavior occur.

Guidelines

Step 9: Refer preschoolers and young school-age children with a history of BLLs equal to or greater than 3.5 mcg/dL for enrichment opportunities as indicated.

- Since the research demonstrates that early enrichment and effective parenting skills can significantly enhance neuropsychological outcomes for students exposed to lead, school district teams should actively seek enrichment opportunities for these students.
- School teams should facilitate parental participation in educational programs related to enrichment activities at home and effective parenting skills when available.

Guidelines

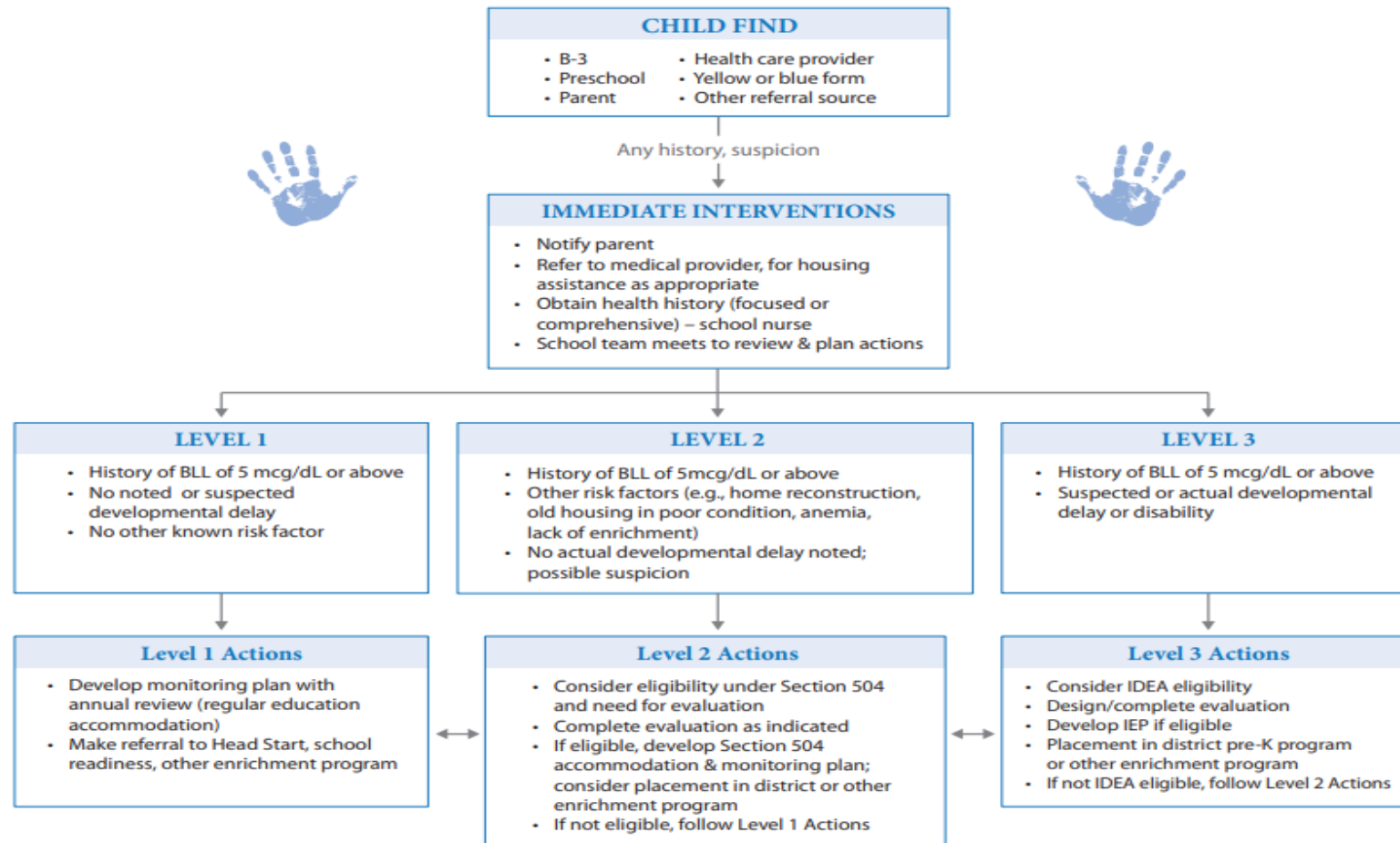
Step 10: Refer students, when indicated, to a Section 504 team or PPT for determination of a disability under Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act.

If at any point in the Child Find process, regardless of age or grade, a staff member or team *suspects* that a child may have a disability related to lead exposure, the staff member or team must refer the child to a Section 504 team or PPT for determination of eligibility under Section 504 of the Rehabilitation Act or the IDEA.

Guidelines

MANAGING PRESCHOOL STUDENT WITH LEAD EXPOSURE

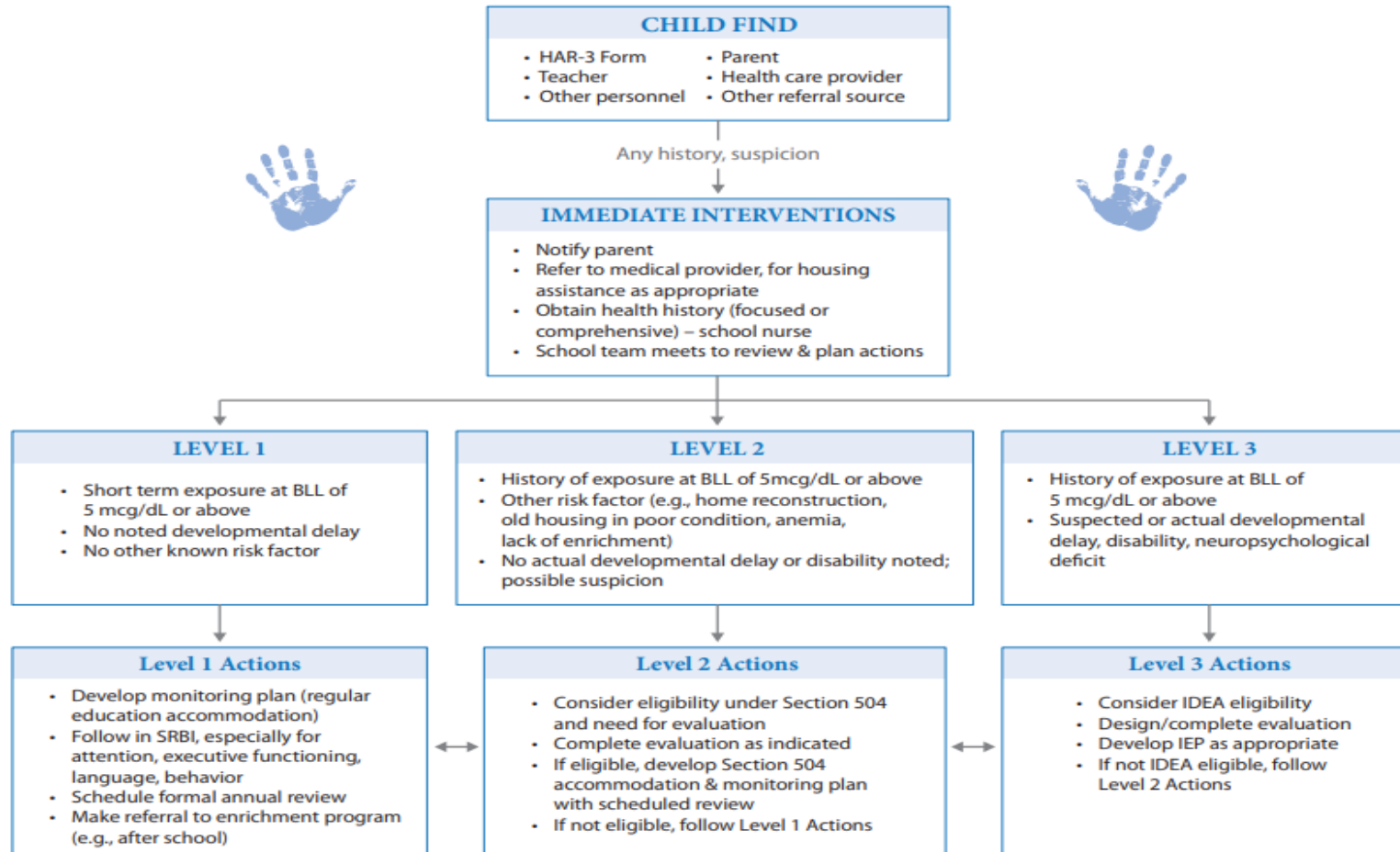
Every child presents differently.



Guidelines

MANAGING K-12 STUDENT WITH LEAD EXPOSURE

Every child presents differently.



Guidelines

Lead Prevention and Intervention Resources and Services for Parents

The [Connecticut State Department of Public Health \(DPH\), Lead Poisoning and Control Program homepage](#) provides links to many prevention and intervention resources, relevant laws and standards, the mandated lead poisoning screening program, educational programs on lead poisoning and other information.

Guidelines

Professional Development Opportunities for Educators

Educators, in collaboration with families and other professionals, can make a significant difference for children who have been exposed to lead. To do so, they need to be well informed about lead poisoning, especially:

- educators' roles in prevention;
- current research establishing the relationship between early lead exposure and neurocognitive deficits, learning disabilities, and negative behavioral outcomes *even at very low levels of exposure*;
- its general presentation and course; and
- individual differences in presentation and course.

Guidelines

Professional Development Opportunities for Educators

3Ts for Reducing Lead in Drinking Water Establishing a Lead Testing Program: The 3Ts Checklist

[3Ts for Reducing Lead in Drinking Water | US EPA](#)

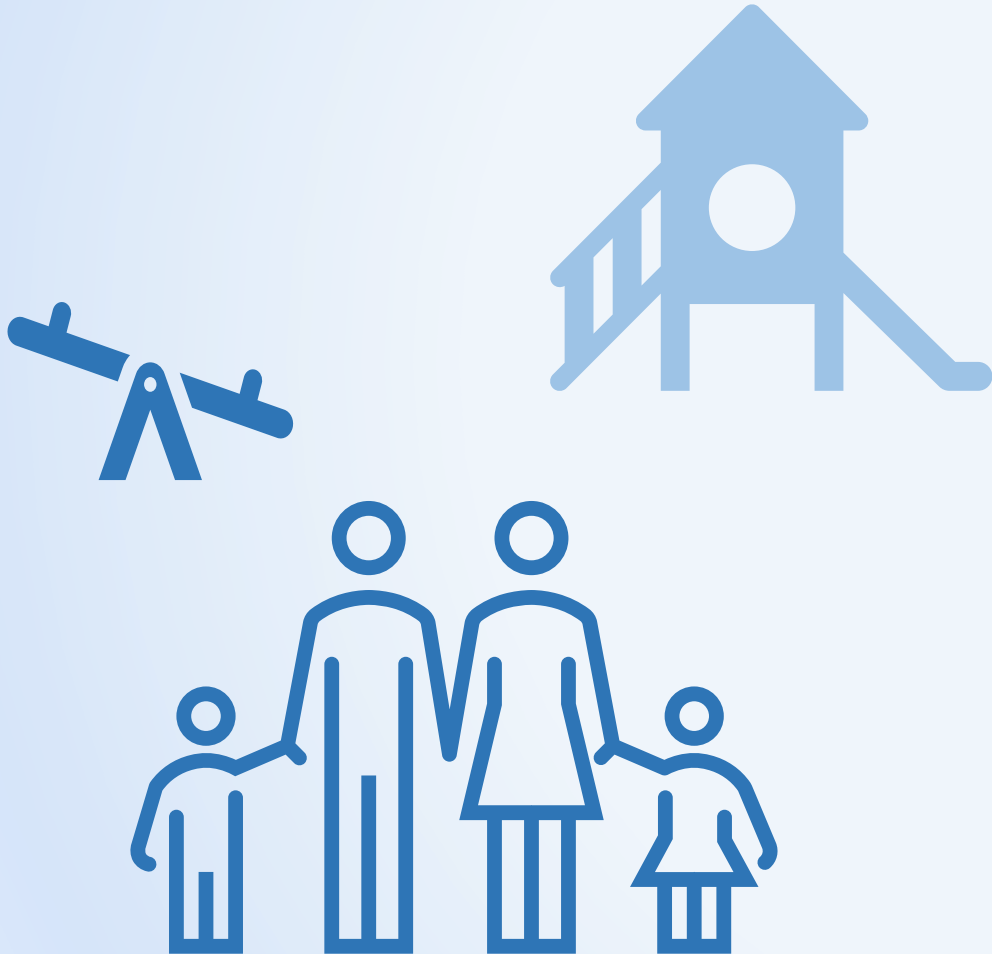
Protecting school and child care facility drinking water is a group effort and you will need to have a plan for who you will work with, how you will test and how you will address elevated lead that may be found. Make sure you are transparent in your communications with your community. The 3Ts toolkit includes modules and helpful resources you can use to implement a successful program

Questions?



Thank You!
Chlo-anne.Bobrowski@ct.gov

Lead in Childcare Facilities



Lead in Childcare Facilities

Presentation by Laura Fournier

- Child Care Licensing Supervisor
 - CT Office of Early Childhood

Post Presentation Discussion

Identification of Lead Paint In Child Care programs



10/6/2022

Lead Paint Protocol

Staff from the Office of Early Childhood worked closely with staff from DPH to develop a Lead Paint Protocol, most recently revised in September 2019. The protocol is broken down to reflect Lead Paint identification and response in different child care settings, taking into account the Regulations for each setting.



Child Care Centers & Group Child Care Homes - larger settings caring for anywhere from 7 to hundreds of children at a time and requiring approvals from local officials.

19a-79-7a(e)(13)

Prohibits toxic materials in areas accessible to children



19a-79-7a(g)(1)

Requires all equipment used by the children to be non-toxic



19a-79-7a(g)(3)

Prohibits chipping paint on metal equipment



Family Child Care Homes – smaller settings in private family homes caring for up to nine children

§19a-87b

Statute requires that any inspection by the OEC include inspection for evident sources of lead poisoning and shall provide for a chemical analysis of any paint chipds found on the premissis



19a-87b-10(h)(11)

Requires that a Provider give parents notice of toxic levels of lead identified on defective surfaces



19a-87b-9(c)

Requires that all potentially harmful substances and materials(including toxins) be removed from the area, protected by barriers or kept out of the reach of children



Different requirements for different child care settings

Child Care Centers and Group Child Care Homes

- Required to conduct full comprehensive lead inspections (including XRF, dust and soil) for any part of child care space that is pre-78.
- Required to obtain local health approval as a part of the application process and inspection by the local health department every two years, which includes documentation regarding approvals regarding lead inspections if required.



Different requirements for different child care settings

Family Child Care Homes

- Required to conduct full comprehensive lead inspections (including XRF, dust and soil) for any home that is pre-78 only when lead is identified and there is a child under age six in residence or when directed by local or state health after a child is poisoned.



Paint Chip Sampling and notification



Peeling Paint
Sample Taken

STOP!



Do not attempt to fix the peeling paint
This may cause a larger problem

While waiting for the test results
Bar access to the peeling paint

Buildings or homes that are pre-78

- Applicants are asked to identify if the building is pre-78
- OEC staff also check assessor websites to confirm if needed
- The information is entered into our e-license database

User Definable License Data

Field	Value
Pre-1978 Lead Test Required	Yes
Pre-1978 Lead Test Disposition	Remediation & Management Plan
Minimum Age	5 years
Maximum Age	13 years
Capacity Under 3	0
Maximum Capacity	27
Water Supply	Public Water

User Definable License Data

Field	Value
Regular Capacity	6
School Age Capacity	3
Water Supply	Public Water
First Aid Expiration	05/05/2021
Adult Medical Expiration	06/27/2021
Pre-1978-Disposition	YES MANAGEMENT PLAN

Lead in Water

Group Child Care Homes and Child Care Centers must submit a copy of first draw water tests for lead during application by a state certified lab, and then test and maintain results of additional testing every 2 years

Updated Regulations that passed last year now require Family Child Care Homes to submit a copy of a first draw water test for lead as a part of their application for childcare.



Work with partners

Lead identification is just one but very important part of Licensing child care programs. We are not lead experts and rely on our partners in local and state health in helping to keep children safe and healthy

We continue to work towards updating Regulations as needed and are currently after many years of revision and review, at the point of putting the Group and Center Regulations out for public comment. One large proposed change is to include specific language for what we are already requiring.



Public Comment



- 15 minutes set aside to accept and listen to Public Comment
 - Public can ‘raise their hand’ on TEAMS to acknowledge your comment.
 - Professional language is required.
 - Mic’s can be disabled; harmful language may result in removal.
- 3 minutes per person
- Written comments are accepted – send to DPH Lead working group email in-box: DPHLeadWorkingGroup@ct.gov

Remaining Meetings / Meeting Input

Meeting 4	Thursday, October 6, 2022	9:30 AM - 11:00 AM
Meeting 5	Thursday, October 20, 2022	9:30 AM - 11:00 AM
Meeting 6	Wednesday, November 2, 2022	9:30 AM - 11:00 AM
Meeting 7	Wednesday, November 16, 2022	9:30 AM - 11:00 AM
Meeting 8	Wednesday, November 30, 2022	9:30 AM - 11:00 AM



Lead Working Group Public Act 22-49

Meeting 5 is Thursday, October 20th
9:30 AM - 11:00 AM

