Governor Lamont's Lead Poisoning Prevention Initiative

Lead Work Group Meeting 10/6/2022

In Attendance:

- Commissioner Manisha Juthani
- DCA (DPH)
- Lori Mathieu (DPH)
- Laura Fournier
- Howard Smith
- Patrick McCormack
- Claire Botnick (DPH)
- Chloe-Anne Bobrowski
- Daniel Aubin (DPH)
- Chris Corcoran
- Michael Santoro
- Rep. Jonathan Steinberg
- Owen Rood
- Margaret Flinter (CHC)
- Jennifer T. Haile (Pediatrician)
- Aisling McGuckin
- Ebony Jackson-shaheed
- Rafael Ramos – New Haven Health
- Amanda Decew
- Katharine Berdy

Note Takers:

- Chris Silver
- Olivia Hine
- Jesus Blanco-Vazquez

Lori Mathieu:

Chlo-Anne Bobrowski

- What can schools do?
    - Step 1: Develop school district policy and procedures
        - A policy addressing students affected by lead poising should briefly state a school districts 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 had a policy on educating students with special health care needs, lead poisoning can be one of the health conditions that is addressed in a broader policy

- 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
  - programs already established by local health departments
- 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

- 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
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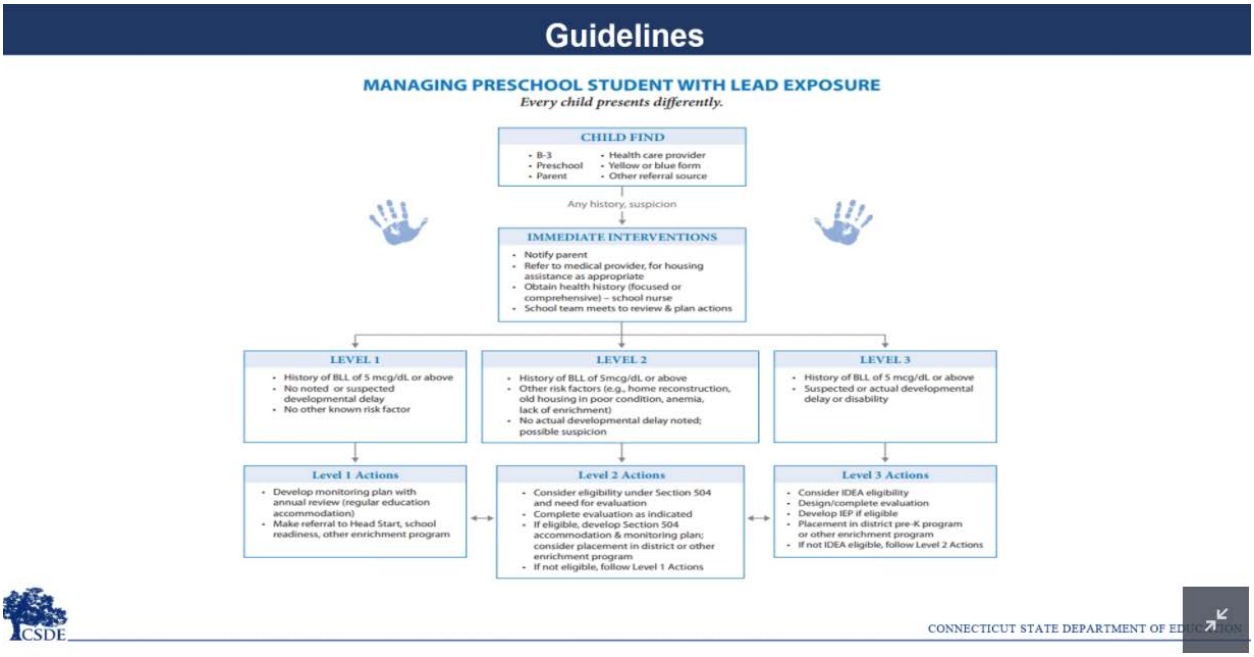
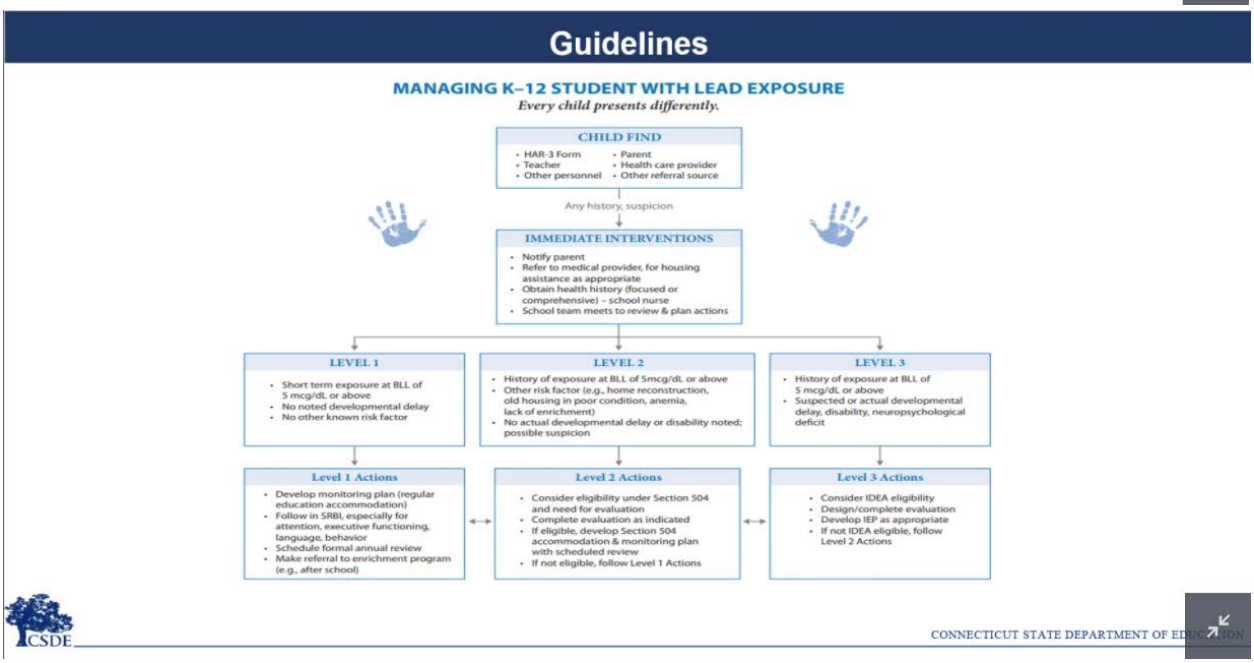
- Step 5: Use Child Find processes to locate, identify and refer as early as possible children with disabilities and their families who are in need of Early Intervention Program or Preschool Special Education services of the individuals with Disabilities Education Improvement Act
- Step 6
  - Refer and 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
- 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
  - 1. obtain a focused BLL history from the child's pediatrician or health care provider
  - Refer the child to the appropriate school team after obtaining the child's complete lead history
- Step 8: Develop a monitoring plan within a Scientific Research-Based intervention
- Step 9: Preschoolers and young school aged children with a history of blood levels equal to or greater than 3.5 micrograms per deciliter for enrichment opportunities is indicated.
  - 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 the students
- 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





Professional Development Opportunities for Educators

- Educators in collaboration with families, and make a significant difference in children who've been exposed to lead and need to be well informed about life, especially in their role. In prevention, your current research establishing the relationship between early lead exposure and neurocognitive deficits, learning disabilities, negative behavioral outcomes, even at very low levels of exposure.

Q&A

- Who receives the information? What are the laws? What are the guidelines, or agencies between all of you as practitioners, and everyone else?
- CT whiz, and how we can access the vaccines
- Are there any statutory requirements for SPE?
    - Guidelines presented

Lead in Childcare Facilities

- 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
- Family child care homes- smaller settings in private family homes caring for up to nine children
- Different requirements for different child care settings
    - Group child care homes and childcare centers are required to submit a full comprehensive lead inspection conducted by a Connecticut Department of Public Health licensed lead consultant or by trained local code enforcement officials for any childcare space constructed in whole or in part hard to maintain pre-78.
    - All new programs must have a full comprehensive lead inspections completed prior to approval of a new license or approval of any additional space. If lead hazards are not identified, nothing further would be required. if lead hazards are identified and hazards must be corrected, and no approval is given until the local health department has issued a letter of compliance after any required remediation.
- Family Child Care Homes
    - Required to conduct full comprehensive lead inspections 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
- Lead in Water
    - Group child care home and child care centers must submit a copy of first draw water tests for lead
- Work with partners
    - Lead identification is just one but very important part of Licensing child care programs.
    - Rely on partners in local and state health
- Q&A
    - Share statues, regulations, etc.
    - All of the requirements are the same for home childcare as they are for centers?
        - No, very different
        - Might be a gap
    - How many licensed childcare facilities statewide?
        - There's currently 1830 licensed family shelters in the State Center. 1352 group homes
    - Head start collaboration officer?
        - Not under licensing

Transcript

Chlo-Anne Bobrowski 3:53

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. School district policy and procedures regarding students may be affected by lead should include staff education, collaboration with community partners, parent education strategies, child fine identification of children suspected of having a disability, referral of identified students to the appropriate school team for monitoring referral of identifying students for enrichment opportunities, lead screening, medical care, public health interventions, and housing assistance, and when indicated referral for an evaluation to determine eligibility of special education or accommodations modifications under Section 504. Generally, school districts already have procedures in place for child fine general education and accommodations. And so, the AI section 504 A special ed district should reveal these procedures and ensure that they properly address the prevention, early intervention and other needs of students. With a positive history of lead exposure to blood levels equal to currently just sidenote our guidelines within the schools are at five micrograms per deciliter. A district can use the steps outlined in these guidelines to develop new procedures specific for these students for revised existing ones to include the recommended action. So, we can go to the next slide. So, one step two is to educate the school personnel so it is important for staff to learn about the current research understand the potential for permanent harm in affected children recognize and responsibilities in the prevention, identification of children exposed to lead and early intervention to counteract the harm of harmful effects of lead poisoning. It may be helpful for school districts to identify a core group of professional staff, such as the school nurse, the school psychologist, the school social worker, and the school counselors to be responsible for providing consistent professional development education programs within the district. This core group must first be knowledge about lead poisoning and a more in depth understanding of the research and implications for education that other staff might require. Next slide. Please. So, step three is to 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. Schools can incorporate lead poisoning prevention information into health and science curricula for students, collaborate with public health officials and pediatric medical providers. To deliver educational programs for parents on lead poisoning and prevention and effective parenting skills and distribute educational information to families in the community. It can alert staff parents and community partners of unknown or potential lead hazard affecting the community or segment of the community and identify children at high risk for lead poisoning and intervene through collaboration with public health officials before an exposure occurs. So, school schools can and are obligated to contribute to early intervention efforts through child find activities, which are discussed in the next subsection. Schools should also establish working relationships with providers of preschool enrichment opportunities such as Headstart, and school readiness programs to facilitate withdrawal and placement from those from those programs into the schools.

Next slide. Schools should immediately refer any child known to have exposure to lead to the medical provider and if appropriate, refer for housing assistance. Students with symptoms consistent with lead toxicity should be referred for urgent medical evaluation. Because we know that 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 indicated. It's important to make these referrals as early as possible, since lead poisoning often occurs with no obvious symptoms. And therefore, and therefore goes unrecognized. Children may show symptoms after extended periods of blood lead levels and lower levels of violence victims, while not specific to lead poisoning, may be indicative of lead poisoning, and should be considered by school nurses. And other school staff in assessing students who demonstrate irritability, loss of appetite, weight loss, the key sluggishness, lethargy, abdominal pain, vomiting, constipation, learning difficulties, speech difficulties, behavioral problems, such as in hyperactivity, and aggression. Students with these types of symptoms should be referred for medical evaluation and if not already provided a blood lab lead level screening. Next slide. So, step five, 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, a preschool special education services of the Individuals with Disabilities Education Improvement Act. Again, school nurses have a special role to play in the early identification and child fine processes for students entering public schools regardless of age. At entry into school, every child is required to have a health assessment documented on either the Early Childhood Health Assessment record, also known as the yellow form, or the health assessment record, also known as the Blue form. The health assessment record or blue form that's been revised to F health providers to document whether a student has a history of a blood level to or greater than five micrograms per deciliter, rather than a student's correct blood bath level. Since school nurses always review these forums for health information relevant to school attendance, and learning this is not an added burden for school districts and nurses. However, our forms are slightly different in the early childhood form, where are the yellow form? It is mandated that that the blood lead level is documented as long as well as a history of an elevated blood lead level. In on the blue form, it is not a mandated documentation from on the part of the medical provider. So, this might be something to discuss that we could change so that we have this type of requirement for students who may be entering kindergarten as a five-year-old and perhaps even a little older. So an all school personnel, what's the understand that responsibilities under the child care child find requirements? any staff member who has a reason to suspect that a child may have lead poisoning or been exposed to lead or has an elevated blood lead level should I notify the appropriate school teams which include the child fight team, the preschool team, General Education Team, the scientific research base intervention framework, which is also known as SRB AI, the individual health care plan team, building pupil services team, Section 504 team and the PPT team. These teams may now ask or the school nurse to gather more specific lead and health history information before meeting to discuss the next appropriate action.

Go to the next slide in step six, to refer and monitor children and young people birth to 21 who are at high risk of lead poisoning but do not have evidence of a blood level equal to or greater than, and I use the current guidelines today of 3.5 micrograms per deciliter to ensure that they've been screened appropriately for blood. If not referral for screening and medical monitoring is critical. Refer as

appropriate to social services public health officials medical providers for information regarding assistance with prevention, housing, parenting, and financial, nutritional and health care needs. Monitor for the screening results and changes in the health status or living arrangements and we refer as needed. Infants and Toddlers are followed by their medical providers and may also be followed by some local public health and social services. But I do want to bring to the attention to this workgroup that there might be gaps for follow up for referrals. You know that it can be that when children are in childcare, and I'm really looking forward to our next presentation from the Office of Early Childhood that it could be that the screening results are not there can be a gap with a medical provider assesses the child prescribe a lab test for the child to be screened. But families may not be able to go to a lab to have a lead to have their blood taken. That could be difficulty for following up on the results for the screening. Also, when childcare centers have, they don't have a nurse on in many do not have a nurse to come into their programs other than a consultant to be able to look at the incoming health assessment records for these young students, young children. So, in order to have make sure that these state consultants are funded to be able to go into the childcare facilities, educate the staff and to develop a plan to follow up for lab results or miss if they're missing or abnormal. This would recreate a safety net for younger and at-risk population, select data for the state on number of children missing tests and being set for referrals. So again, I'm happy to and I am looking forward to our next presenter regarding early childhood. Go to the next slide. Step seven is to obtain a lead history for all students ages three to 21 identified as having a blood lead level equal to or greater than 3.5 micrograms per deciliter for all students ages three to 21 attending school and identified as having a blood that level equal to or greater than 3.5. The school nurse at a minimum should obtain a focus blood level history from the child's pediatrician or health care provider or refer the child to the appropriate team. After obtaining the child's complete lead history. A history of a child's blood the level over time is a much better indicator of overall exposure. To lead than a single snapshot in time blood level. Even though a child may not show a functional deficit at an early age. Research supports that educators should have a very high level of suspicion

of brain damage from lead poisoning. Including blood levels below 10 micrograms per deciliter. Only individual assessments provide evidence of such effects and the specific nature in any given child. deficits may persist and not the evidence until the child is older and learning tasks become more challenging. While it's neither required or appropriate for to evaluate every child who's been exposed to lead it's reasonable and important to monitor them for any early signs of a disability. In the case of a child with a complex health or education history, it might be appropriate to request permission from the parent to complete a comprehensive health history and summary for the appropriate school team. Before referral is made to determine a child's eligibility for special education or accommodations modifications under Section 504. A comprehensive health history includes the lead history school nurse, in consultation with the school nurse supervisor, the medical adviser and other team members, as appropriate should make this decision for students in pre-K through grade 12. attending public schools are private or nonprofit schools that receive health services through the public schools. The school nurse can obtain the information in any of the following ways. The health care provider is the health care provider checks yes to the question of the history and the blue form or the yellow form the history of the elevated blood level. The health care provider indicates a blood level of at or above currently five micrograms per deciliter on Early Childhood Health Assessment record, which is yellow, or a parent or

community partner reports that a child has a blood level equal to or greater than five parental permission signed on the Health Care Assessment record and a health assessment record and the early childhood assessment records permits the school nurse to follow up with the child's health care provider regarding the details of the child's history and elevated blood lead levels. Nevertheless, the best practice is to inform the parent in advance of the nurse's concern or the team's concern. Implants communicate with the physicians and anticipated next steps. Next slide please Dan. So, in step eight. We're developing a monitoring plan with a scientific research-based intervention addressing the needs of a student aged three to 21 as appropriate with a history of blood levels equal to or greater than 3.5. The students with a history of blood level equal to or greater. So, I'll continue should be monitored as discussed. The plan can be very simple. The general education teams need to review the child's progress on an annual basis or more frequently. She changes any kind of health status learning or behavior occur. Next slide please. Then, in step nine refers preschoolers and young school aged children with a history of blood levels equal to or greater than 3.5 micrograms per deciliter for enrichment opportunities is indicated. So, if my search 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 the students. Schofield Spitzer facilitate parental participation in educational programs related to enrichment activities at home and effective parenting skills when available. We know that lag can negatively impact a student's IQ but with enrichment activities and early intervention, successful academic outcomes can be supported.

And next slide please. And in step 10, refer students when indicated to a section five and 14 or PPT for determination of a disability under Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act. So, if at any point in the child five process regardless of age or grade, a staff member or team suspects that his child may have a disability related to lead exposure, the staff member or team must refer the child to Section Five Oh 14 or PPT for determination of eligibility under Section 504 of the rehab Rehabilitation Act or IDE A. If a 504 team determines that a child has an impairment and the impairment without the use of mitigating measures substantially affects learning or any other major life activity, such as attention that in turn substantially limits learning the Bible for team should refer the child for evaluation under ide a. It PPTs considering whether a child may be disabled due to lead poisoning. Best practice suggests a two-step evaluation. The first step should be an evaluation to confirm deficits and efficient performance in the area where the deficiency is suspected. If a deficiency is confirmed, the PPT should consider if the child with a history of lead poisoning needs a comprehensive neuropsychological evaluation to look for other cognitive and functional deficits or brain injury from lead poisoning is similar to other types of brain injury where there's no single cognitive profile. Therefore, specific areas of the brain affected and the extent of the damage in any one area vary from child to child. The results of a neuropsychological assessment help the team to understand the discrete areas of the brain affected including specific deficits, as well as compensatory strengths. The information that helps the team to develop an appropriate individualized educational plan to meet the child's individual learning needs. So very important information is necessary to meet the next slide. So here is an example of a flowchart that's available for schools. This first one is managing preschool students with lead exposure and in the first box if they've been identified for having a history of an elevated blood lead level, or has a blood level documented. We go down the steps for immediate interventions to notify the parent and assemble a team and we have three different channels for

intervention. First one being as this knows, no deficit, but we will continue to monitor second level being the increase and are just increasing interventions as deemed necessary monitoring being most important, but if there is truly some type of disability, then offering enrichment opportunities and eligibility for 504 and IDE, a and other other programs. And our second slide. Second, next slide. Yep. And then this is basically a very similar chart for managing the K through 12. Student with lead exposure, similar so schools can use this. Okay, next slide. So, I'd like to, well, we're here with the Department of Public Health we do have the lead prevention intervention resources and services for parents. So of course, we provide we provide this information to scores they have this to provide links that the DPHHS for lead poisoning and control program by the laws and standards mandated lead poisoning screening program educational programs, on lead poisoning and other information. Next slide.

Other professional development opportunities, so educators in collaboration with families, and make a significant difference in children who've been exposed to lead and need to be well informed about life, especially in their role. In prevention, your current research establishing the relationship between early lead exposure and neurocognitive deficits, learning disabilities, negative behavioral outcomes, even at very low levels of exposure. There's no level of lead as a safe level of this gentleman presentation and of course, of course, an individual differences in presentation and course because it does affect your children in different ways. Next slide, please. So, I just wanted to bring this slide two attention. I know that this was emailed through our lead work regarding iron, or reducing lead or drinking water establishing a lead testing program. Working done for testing water. So, like this resource is like a work being done. Or testing our school right. So that is my presentation, and I'm available for questions or want to wait to the end Lori, whichever you

Lori Mathieu 27:30

Chlo-Ann. Thank you very much. I think if at this point I know I have some questions that I would love for people to turn their cameras on if you could. And if there aren't questions, I know that you probably do have questions associated with seeing the questions in the chat but people will definitely just raise your hand and I will call on you. Som I see. Chris.

Chris Corcoran 28:00

Thanks for your presentation. I wanted to ask you about addressing in the way that children are now being tracked. For those who have been in the field for a long time for a number of years, and he's assigned a huge as of last year, I don't want to hurt the governor over she is she's smiling because that was one of her things. She was always fighting for support of the tracking. Determined next year, next year next year. Going into a different score different rates. So, I really applaud that view all you arrive you get information from the Department of Public Health about elevated levels like kids about 15 or 20.

Chlo-Anne Bobrowski 28:57

There may be specific instances that I personally may not be aware of that there was a student that would have identified from you know, a local public health department if they did have an elevated blood level. We would certainly you know, welcome our medical providers in early childhood and the form is how we receive our information. I do think that there is I think that it should be mandated documentation on our report or especially because that's what we require for entering kindergarteners. Not attended or are able to assess will history or the snapshot in time will help us provide this.

Chris Corcoran 30:18

library school nurses to learn about our program. I'm a big fan of school nurses so thank you for you presentation.

Chlo-Anne Bobrowski 30:24

I let them know.

Dr. Jennifer Haile 30:32

Yeah, I just wanted this is kind of a little bit of a medical side. The problem that we have a lot is that that's great when we're filling out their school forms and they're starting kindergarten but I mean then the third pediatric practice this child has been right so I don't have the screening levels from their first in their second year therefore they're if they were screened theoretically appropriately. I wouldn't have those levels. So, you know, this might be a way to think about a way we can connect that because the level of kindergarten, the level could be fine. That may not have been normal.

So, we're getting used to something a lot of questioning. Meaning Was there something is there a way to connect on the back end. Because again, with transferring, I don't have their lead levels from wanting to and even if they're normal now doesn't matter. So just a thought all this again from the ground level

Lori Mathieu 31:41

Good point Dr. Haile just brings up it brings up many more questions and who's who receives the information? What are the laws? What are the guidelines, or agencies between all of you as practitioners, and everyone else? Sure, we'll see Marvin spaces. Oh, sir. You're looking at questions.

Dr. Howard Smith 32:16

One thing I know for us here at Southwest What is the greatest reasonably transitional system it's still wearing able to kind of look here everywhere and see other places. And so that has helped us

tremendously but there is something to be said about, you know, linking the gaps between the school or those kids who don't necessarily are seen in a facility with exactly where this app exists.

Lori Mathieu 32:52

Yes, Amanda.

Amanda Decew 32:53

I just wanted to piggyback on what Jennifer and I said. I think that when she was giving a presentation, thank you for the presentation clue. I was thinking about the successor CT whiz, and how we can access the vaccines and when it be great. We would have a way to add it. I know we need to be concerned about privacy, but that would be really helpful. And then also thinking about those this is very detailed but thinking about those blue and yellow forms. We can preset those as clinicians to default to the most likely thing which will be negative. We may want to think about adding to that was the last lead level has another Scout gap. I know it gets crowded on there. But in addition, you know it's really easy to bypass when you're seeing kids very quickly. You don't always have time to go back and look at all of their history should but I just know the way it works. And I'm guilty of that because I helped create those efficiencies for

Chloe-Anne Bobrowski 34:02

the blue for me I just said that all the all the tests on the platform is really about the history and elevated blood restaurant owners require any kind of last result. So, know that we have information and they also do like your idea about CT wiz and then school nurses definitely have. We have read only rights so they can look up the history. So, I think that's maybe a way to be able to look at know what's been inputted by practices no practices that we have some sort of documentation on those specific childhoods.

Lori Mathieu 34:59

I see Ebony's hand up.

Ebony Jackson-Shaheed 35:06

I just want to echo Amanda's point about the ways because that also with public health, because we have access to computers as well. So, it wouldn't be for a lot of local health departments who don't have clinics. We actually have a clinic. So, we have an EHR, but most probably. So, ethics would not be something you know, our department would not even be able to afford. We have a commodity star but we do have access. So that wasn't helpful to a lot of our you know our lead divisions.

Margaret Flinter 36:06

CT Whiz has turned out to be such an incredible asset for St. Charles. Welcome that full viral health. While we'd have to go search for it, as opposed to an epic delivering it to you, I am sure that we should be able to find if a live level was done at a lab, we should be able to find the results in there and I think that's pretty imminent. So, I'm excited about that. It does make me think we're using the field they're being powered by us here. Lab done, chest but that may be a variable out there.

Lori Mathieu 36:54

Thanks Margaret. Other comments, questions? So, Chlo-Ann I have a couple for you. Just very high level you said you mentioned the phrase, high level of suspicion. It just caught my attention of you would walk us through mostly guidelines. Are there any statutory requirements for SDE or if there is a suspicion what? What the school's power do they follow a guideline? Do they follow recommendations

Chlo-Anne Bobrowski 37:40

that I presented to this group today is what is the guidelines for the Department of Education? So, these guidelines are available and to the school districts. You know, I think that but doesn't always come to people's mind and you get that education is very important to kind of keep this that you know the priority especially a major we talked about it within the health area you know for school health, but it you know, there's many other things that are administrators in the school districts consider but because they mentioned like having a core team available in the school to be knowledgeable of the guidelines, be able to recognize signs and signs of perhaps some lead poisoning are elevated blood levels, having the school nurse being part of that team monitors form. You know, being able to recognize if a child is showing some of the symptoms that I had identified earlier today that there could be a suspicion also, you know, different communities in our state whether they're in a higher risk area or no. So, I'm kind of familiar with your community in order to have those things to think about.

Lori Mathieu 39:17

So, I think that difficulty is also when the child is moving in between, you know, school systems and making sure that information follows the child and so that the school that they're at that at that moment is well aware and can move toward that end. So, is there a guidance, so a guidance that you could share with us that you had mentioned, I don't know if you can share the link and we could put this in the chat here. Or if you share it later, that's fine. I didn't have to do that. Very good.

Is that something that is, you know, do you How is that kept up to date, I guess. Just curious on that.

Chlo-Anne Bobrowski 40:05

So those these well, we need to make some changes because we've had some changes with our CPC. That this work with recognizing that we're looking at, you know, different parameters now. So, it's ready for an update. I can tell you that. We had a Call-to-Action Group years ago, and I think Dr. Krause, I think was very involved with that. With that workgroup. So, and many, many, many others that are in this workgroup today. And I know it was a very large group that assembled to develop these guidelines. But you know, it's most likely trying to look at them I think basic, the basic, you know, details such as, you know, looking at an elevated blood that level. And, but and what that looks like now as compared to a few years ago, so it needs updating but pretty much the overall approach to recognizing elevated blood lead levels and the next steps if a child is at risk or suspected. Those are you know; those are still good practice.

Lori Mathieu 41:18

Right and as you would mention a couple of key phrases I thought was monitoring for early signs, and paying close attention that I think is Dr. Haile had mentioned and Dr. Nozetz it said as well, but just touching this early, making sure that everyone's aware and helping the child is early on is good practice. So also, just one more question. I'm sorry about this. Are there statutes are the statutes guide this process? If there are, could you share those with us?

Chlo-Anne Bobrowski 41:49

I, you know, I don't know the answer to that question. Okay, to be honest with you, I'd have to really look. Okay, fair enough confident and kind of response.

Lori Mathieu 42:00

No, I think that I mean, all of this. You know, I've we've got a series of statutes here that we're working on that we just changed the governance laws, so and they're quite expensive. And they that's why we're here is to take a look at the statutes and see what modified or changed so whenever you could share that would

Chlo-Anne Bobrowski 42:17

I will definitely, believe me, I will definitely take a look. And I'll let you know and

Lori Mathieu 42:23

excellent. Thank you, Dr. Haile.

Dr. Jennifer Haile 42:26

Yeah, I'd be curious, as well to see what the current statutes are. Because the problem that I run into right seeing all these kids is that if a lot of these kids have other delays, so they are already they already have an IEP, they already have a 504 but, but the kid that I'm worried about is the kid who has a you know, a lot of five, who doesn't have any other delays is starting kindergarten isn't triggering a five before yet because they're not falling behind. And the idea is, is that can we create a statute that would again, prevent it from them already falling behind the repeated kindergarten? Then the school nurse looks into it? Oh, yes, we did have like quizzing Oh, it was a five another behind. We're trying to catch them up. You don't I mean, taking a step back and making it a little bit more of a preventive approach. Because we know, right, that these lower levels of lead will affect your IQ they affect your development, they affect your attention to whether or not that's testable right away or evident in kindergarten or whether that's in become more evident when they're in third and fourth grading doing those higher-level computations. We want to try to teach these, in my opinion, fetch these kids early. And this is where I was getting frustrated because as much as I thought out on the school form until they fall behind, there's no real push to do anything as far as I'm aware of. And again, I would love if you could find some sectors or there's something out there that I could support these families and provide to these families. But we're again, similar to everything we do with OLED we are open here's your positive. Let's go into your house. You have led. You're failing out of school Cool, let's do something like can we take a step back and do it in more of a preventive way? Just you know?

Lori Mathieu 44:09

Yes. Well, that's excellent comments. Excellent comments. I think we're all thinking toward that end. I feel listening for all of this to say you know, early, monitoring early testing early catching it early and not allowing it to you know, continue to run his course until you get to a certain point. So, I love all that input, Dr. Hale, so anything that you'd like to share with us your thoughts, anybody on this call? Please. After hearing this, I know some of you are probably just I can see all in your face. As they're all sitting and thinking about this stuff. Right about this practices process that we have in front of us and what has happened over the years and how things need to evolve as CO and then a great presentation on her guidance in her documents and what they do. You know, as you mentioned, the guidance you know, needs to be updated you know, working all together I think we can do that. You know where the statutes that guide all of this, they're there they're out there they usually they usually are if they don't exist, maybe they need to exist. You know, Oregon, start sharpen the statutes do need to be sharp and over time, it's time to change things. So, with that, are there any other hands I see a lot of people here I know we're running late, but this was really important discussion here. So why don't we move on to Laura and Cynthia Yep. Laura for years here. And again, Korean thing so much for your presentation. Very well done very much. Appreciate all of your work. Put that together.

Chlo-Anne Bobrowski 45:58

You're quite welcome was my pleasure. Glad to hear

Lori Mathieu 46:03

very important discussion too. So, as we move to Laura Fournier, who is going to talk to us about lead and childcare facilities, again, Laura is a childcare licensing supervisor with the Connecticut Office of Early Childhood. And, Laura, please take away and everyone if you could shut your cameras off and while Laura presents, then we'll turn our cameras back on or take it away.

Laura Fournier 46:30

Can you hear me okay? Yes. I had technical difficulties this morning and had to totally switch computers. So

Lori Mathieu 46:41

I think all of us did. So.

Laura Fournier 46:44

It wasn't just me. Thinking Okay, so anyway, good morning, everyone. Um, as we've all been talking about is group Lead poisoning can have catastrophic impacts on development of programs including slow growth, behavior issues, and irreversible learning and developmental disabilities. My focus today although I have a couple of slides of the litter a different is more on identification of lead paint in childcare programs. Next slide, please.

As a part of the OECS mission, to ensure all children in Connecticut are safe, healthy learning and thriving. We've worked closely with folks from DPH through the years to help propose regulations and develop a protocol to help protect children from lead paint hazards. The protocol is broken down to reflect lead paint identification and response in different childhood settings, taking into account the different regulations for each setting. I know that our legislative mandate includes lead in schools and childcare centers specifically, but I included family childcare in here. I'm hopeful that we can also look at that and talk about that because the regulations are different for each setting. And I'll get into explaining a little more about that. Next slide. So, for childcare centers and group child care homes, they're in the same regulations. They wanted to get together in the same they're larger settings that care for anywhere from seven to hundreds of children at a time and require approvals from local officials as well. Regulations for these settings prohibit accessible toxic materials and require all equipment used by the children to be non-toxic and free from tripping. So, I added the regulations in there. Next slide, please. family childcare homes are smaller. settings in private family homes. So that's an important phrase to remember. I think that they're in private family homes, they're not in public settings. You know, as childcare centers and work homes are zoned provide, then they care for up to nine children. statutes require that any inspection by the Office of Early Childhood includes inspection for evidence sources of lead poisoning, and shall provide for chemical analysis of any agent samples taken. regulations also require that a provider give parents notice of toxic levels of lead on defective surfaces and require that

all potentially hazardous substances and materials including toxins be removed from the area, protected by barriers or kept out of the reach of children. While in the statute. Next slide, please. So, there are different requirements for different care settings. As you saw in earlier slides, there are different statutes and regulations for each type of setting. Group child care homes and childcare centers are required to submit a full comprehensive lead inspection conducted by a Connecticut Department of Public Health licensed lead consultant or by trained local code enforcement officials for any childcare space constructed in whole or in part hard to maintain 78. All new programs must have a full comprehensive lead inspections completed prior to approval of a new license or approval of any additional space. If lead hazards are not identified, nothing further would be required. If lead hazards are identified and hazards must be corrected, and no approval is given until the local health department has issued a letter of compliance after any required remediation. Using an EPA certified contractor claimed and lead safe work practices and then typically if there's remaining intact lead, who's the management plan and keep on file. These programs are also required to obtain local health approval as a part of the application process and inspection by the local health department is required every two years. So, as you can see with for child care and centers, local health is pretty involved next not sure I'm in the right spot. For child family child care homes built before 19 Seven Day visual inspection for lead paint is not required to do a full comprehensive lead inspection again, it's a private family home. So, we do the visual inspection for lead during inspections is not done by licensing specialists from the Office of Early Childhood. It is observed a sample is taken and sent to the state lab to determine if lead is present. If lead hazards are identified steps to protect the children must be good. And here's where it can be a little confusing and for the providers and for our staff as well.

Because different lead regulations come into effect so if there's no child under six in residents, not in childcare, because we know there are things in there that are there during the day. The regulation is written specifically about if there's no child under age six in residence, then the provider must submit a written corrective action plan do detailing controls used to protect children from lead hazards that will remain in place until such time as the lead has been remediated. And either a letter of letter of compliance is received from local health or the provider has submitted an attestation that lead hazards have been corrected in the lead so there is no requirement that the local health department I'm involved in these cases because there is no child under age 16 residents. Many local health departments do and they have great lead programs in their towns, but not all of them. There are many difficulties here is that since there's no child under age 16 residents no requirement for the local health care involved. If there are children under age 16 resident lead hazards must be aided using the Connecticut Department of Public Health licensed lead abatement professional when abatement is required a lead plan must be developed and submitted to local House involved in these cases. Review it and approve it prior to the start of the beat network. Local Help is very involved in this scenario when there's a child.

Back to the paint just sampling so during inspections if peeling paint is observed in a building or home that is pre 78 And it isn't evident that the surface has been previously tested, a paint sample is taken. So, we developed a flyer with staff from Department of Public Health to give to providers in this case as we were finding that many homeowners are attempting to remedy the situation without waiting for the even the future results to come back. So, we give them this out. Hopefully, it stops them from trying to

do anything on their own before getting guidance. And we have a sampling protocol that we also have developed with the help from folks. When results are received, a letter is then sent to the programmer provider notifying them or if that results in citing any applicable violations. That letter is also copied to the Department of Global Health Department. Next slide please. I'm not sure that anyone is actually doing work. Do we see develop systems over the years to aid in trapping we didn't always have this. Applicant applicants for all childcare settings are asked to identify if the building or home is pre-78. And this information is then entered into our ellipse and system will also enter information regarding what was done in terms of management plan. So, the slide on the left is an example of an entry for a childcare center. So, we identify yes or no if it's per second, if a lead post. And then the disposition is you know what, what happened was the remediation do they have and then the same thing on the right is for family childcare. And we know a sir no buildings pre seven eight are not entertained. Do they have a management plan or have they remediated or abated? It's helpful when we're in the field or even prior to going in the field to look at this to know you know if we see peeling paint in the building isn't 78, We don't have typical sample but if it is it's helpful to know too if they have so we've developed tracking sheets to aid in the review of full comprehensive lab tests and are tracking samples and results with separate lead vials at the office. And we're also scanning pertinent documents including management is in the license so they're readily available in the field. Even though programs have to have those documents out of sight, not always readily. Next slide. Regarding lead in water testing. For homes in Chapter centers must submit a copy of the first-round lead water test bison certified lab as a part of their application and then they test and maintain results of additional testing every two years. family childcare providers are required by new regulations that just passed last year they never had to do it before. Now must also submit a copy of a first draft lead water test as part of their application. They don't need an opinion regulation that they have to do it every two years but at least we've gotten in there that they have to do the first one and then if there's a change of address and they move they have to do it as part of that.

Although let identification is just one part of licensing childcare programs, we all know how important it is. Of course, we're not let experts and we rely on our partners and local and state health to also help keep children safe and healthy to help us. We continue to work toward updating regulations as needed and are currently after many years of revision and every few years. At the point of putting draft group and Senator regulations out for public comment. Should you soon one large proposed change to include specific language for what we're already requiring in regard to full comprehensive lead inspections for some proof

all I just want to say based on the last presentation about how things are so group homes and health care centers are required to have weekly visits if they have children. Under have to I'd have to look specifically but it's children under age three that there's different schedules for how often and one of the duties of the health consultant is to look at child health.

Lori Mathieu 58:43

Let's take the slide down and then everyone could turn the cameras on if you wish. Similar with our discussion with Chlo-Ann that we'd love to hear more faces without to have a discussion or any questions for Laura.

Dr. Howard Smith 59:12

Laura, I was quite happy to hear you talked about the childcare centers and group homes having to go through what you mentioned they have to go through is there any way I could get access to that information? We're dealing with your specific guidelines for the rooms and for childcare centers. Give us an idea here I would like to take a look at that a little closer.

Laura Fournier 59:39

Would you like regulations? Are you looking more for the protocol

Dr. Howard Smith 59:43

protocols would be?

Lori Mathieu 59:47

To follow up on Howard's question, if you could send your regulations or statutes your guidelines, just like with Chlo-Anne I think sending all of that and so that we could have it you could share it with everybody here. And really everyone can have a session. I think all of what you presented on was excellent. And I think some of us will we talk about regs or statutes we also talk about guidelines. So sometimes we intermix those things. So, to be clear about what is what and where we get the authority from isn't it so Howard? Excellent question. There.

Claire as I see your hand. I'm sorry. I don't know. I saw I saw ways.

Claire Botnick 1:00:31

I was just shifting and thinking about. You could share sounds like it's pretty comprehensive. But are there any gaps that you've identified where we could be doing a better job of making sure that these facilities are and maybe Yeah. Any thoughts on that?

Laura Fournier 1:00:54

Yeah, I think I think and again, it's hard because you know, family factors in a family home. It's a private family home. So, it's hard to put regulation on that. But like I said, we rely on our partners, we're not let experts so it's really hard. When there's no child on grade six and residents and local health doesn't have to get involved. You know, a lot of times they will they don't have to and then we're kind of left like, you know, EPA does great and will help us out but nobody really has a requirement that things happen. Professional.

Claire Botnick 1:01:35

So those are instances where lead has been identified in the home, but there's no stop making an area to look at the statute to see if we can

Laura Fournier 1:01:52

and it's hard to even suggest that because like I said it's a private family home. It's a it's usually a woman who's caring for six kids in her home. She's not making a lot of money, you know, so to require a full comprehensive lead inspection or, you know, the follow up on lead identified it's important to do it, but it's sometimes cost prohibitive and they end up closing and you know, we do lose we do lose providers.

Claire Botnick 1:02:23

Chris, I saw your hand when Laura said cost prohibitive your hand press.

Chris Corcoran 1:02:30

Again, just a stretch probably on homes where the child is under six is spending significant time would qualify for the big thing for us to get of course is timing. You know some apply for Chrome. It could be at this point several months from getting to them for a test but our verticals cover the cost of testing.

Laura Fournier 1:02:50

Yeah, we definitely steered your way I know Waterbury did a lot with that. But it takes a lot of time.

Lori Mathieu 1:03:03

Thank you for that and Claire and I'm just I'm picturing the big flowchart in my mind following the child, you know, from birth, or from her mom to birth to to you know, age 1 2 3 and all the places that the child could travel and when the testing happens and what's shared with who I'm just picturing that need a large flowchart to express the current laws and current guidance and she, but then also where and I think you'll start to see where there are, maybe some like you said, Claire gaps in all that we have is

there's a lot that goes on. But we are agencies, we are groups, but the child is the most important right where the child is and where a child spends time and the exposures that that child has. So other Aisling Yes.

Aisling McGuckin 1:04:06

I think you alluded to another gap, maybe it's just because the legislation is so new or the change in policy is so knew that those that are only have to get a water tested at the first of the initial but nobody else has to get in every two years. Like why do you guys have any sense of why that wasn't just extended to every two years for like across the board and why they made that distinction?

Laura Fournier 1:04:30

Yeah, I think it was just enough to at least get it in there. And then maybe in the future because there was no requirement at all for there was only for family childcare. That was only a requirement if we were on a well to do well testing but no requirement for everybody to do that water. So, we were very happy to get that in there. But yes, I think at some point, you know, testing it more often more frequently. It's a good

Lori Mathieu 1:04:55

The National Lead and Copper rule that is under the Safe Drinking Water Act, which we can talk about another time because it's pretty complicated. It is in the midst of change for EPA, so testing within a large public water system that serves many childcare facilities, schools, are the focus will be where the kids are. In right now our water utilities are told where to sample from but they do not traditionally sample at schools or daycares. But that will change. So, there's more to come there at the at the federal level. And that law is throughout sometime next year in draft form. I can speak to that more as we go down the road.

Ebony Jackson-Shaheed 1:05:45

I had a quick question. I wanted to know if all of the requirements are for the home childcare

Laura Fournier 1:05:59

As they are for center? Yeah? No very different.

Ebony Jackson-Shaheed 1:06:05

And so that I think may be a gap because I know in Bridgeport have been we have large, you know, corporations that were but we also have a lot of childcare facilities that are and so that's where we have a lot of light issues in the home because the majority of the 90% of our homes are built before. So that that may also be an issue though because I know fear, do flag those business. So, all childcare centers that are in the flag them we try to make sure that we go out and do some extra education with those facilities because they kind of go under the radar once as the childcare facility or business. That's it. So that's something we should probably think about as well.

Lori Mathieu 1:07:02

Could I ask a follow up to that, when you say you do that is that something in your in your local regulation or what guides that for you?

Ebony Jackson-Shaheed 1:07:12

So, it's not in our local regulation, but it's just been a trend since we have a lead division. It's simply something that we're picking up on. We are thinking about, like I said before, like we are in our ordinances. And so, we just keep an eye on those businesses that, you know, they're not really heavily regulated when you're you have a business. However, they'll know that those things are. So, we just we just take note of that and we just try to you know, just pay more attention to that area. But we are trying to make sure that the people have those kind of gaps

Lori Mathieu 1:08:01

Are there other hands Any other thoughts? WeII see Rafael there. Hi, Rafael. How are you

Rafael Ramos 1:08:12

I have a question. So, someone in town is applying from when they get fined for holding here, this practice is in a part of the application and it goes to public health

Ebony Jackson-Shaheed 1:08:38

To be honest not really. But it's through a letter section anyway. So, everything goes through early, right. But we know that okay, there's a probability that there could be light in the news so we just go ahead and doing it.

Laura Fournier 1:09:02

Can you do that for them? You Your inspectors doing testing? Yeah. That's

Ebony Jackson-Shaheed 1:09:08

And that's to make sure that it's in there eventually it will come back to us anyway. So just as a prevention mechanism, we go ahead and do that.

Rafael Ramos 1:09:19

So that you somehow alerted that there's an obligate us

Ebony Jackson-Shaheed 1:09:26

because we get a form that OAC says it comes to the Health Department.

Laura Fournier 1:09:30

Whenever there's a application we started we started notice to the local health department confused let me know if you're not getting that for some reason.

Ebony Jackson-Shaheed 1:09:44

Utility yard so when we get the lead divisional say, Okay, listen, we're gonna go ahead

Lori Mathieu 1:09:50

and in Laura in. This is a regulatory requirement or statutory requirements to send that information to local health.

Laura Fournier 1:10:01

No, I don't think so. I think we just do not have to look for sure, but I don't think it is something to provide. First center Yes. But for family, no.

Lori Mathieu 1:10:16

Family, no. How many Could you could you let us know just like a magnitude doesn't have to be exact. How many? How many licensed childcare facilities you know, the facilities and they come in statewide

Laura Fournier 1:10:35

was looking for family. There are currently 1830 licensed family shelters in the State Center. 1352 group homes only 21.

Lori Mathieu 1:10:54

Those numbers are those numbers down in recent years.

Laura Fournier 1:10:59

Yeah, and not just because of COVID being a really word, family. was decreasing anyway. But COVID really decreased in the last couple of years. Although we've had a huge increase in Spanish speaking applicants for family childcare, so it's a great thing.

Lori Mathieu 1:11:26

Is there anything else I'm going to Oh, go ahead Chlo-Anne.

Chlo-Anne Bobrowski 1:11:29

I just have a question. With the opposite early childhood. Do you have a head start or early head start collaboration officer that you know, I think they have, they're mandated, you know, federally to be able to go back to the health care assessment forms. Is that part of that also with you? Or is that

Laura Fournier 1:11:55

it is in the Office of Early Childhood. It's not under licensing, specifically, but I can try to get some information about that. You're already I think you do do a lot more with us.

Chlo-Anne Bobrowski 1:12:06

I would still be a helpful Yeah, that is super helpful information for this group. Okay, since they are mandated to screenings. Yep. Can we can know their challenges?

Lori Mathieu 1:12:30

Any, any additional questions? I mean, obviously, a lot of great information. Laura, thank you so much for your presentation. Very much. Appreciate all of your information between Laura plan. Excellent conversation, and I'm sure you have even more questions as time rolls forward, and will for additional

information that we receive from Kellyanne and Laura regulations, guidance statutes, and get that all out to everyone. So, you could take a look. And maybe we could have another follow up conversation during one of our one of our other discussions. So, with that, I'm going to turn to Dan to see if there's any public on that we'd like to speak at this moment of time

Dan Aubin 1:13:13

Checking the GoToWebinar attendees and there are no public members in attendance.

Lori Mathieu 1:13:21

Okay, very good. Thank you. Just wanted to do that check. So, we have totally blown the timeframe that we have. But this was I knew that Alana and Laura with would bring out a lot of great information to all of us. You know, I had this whole idea of, you know, doing this high-level walkthrough the statutes, but I don't think that's going to really work because there's so many. So, I looked at Claire, and think about what we could do the next time is, you know, do that we were I was going to do the shallow dive with the statutes. And then, you know, next time we were going to launch into a deeper dive because there's a lot of statutory language that needs to be you know, sort of laid out for everyone and explained and give you all a chance to hear the details. i This think we're running out of time, but I do have a pat Claire, I'm just looking at you thinking about what I could do versus what we could do next time.

Claire Botnick 1:14:24

I defer to you, Laurie. I mean, of course we were happy to give people a couple minutes back. While you noodle on that. I'm going to make an appeal to the group which that if you have an OBGYN in your organization's power and I'm thinking maybe a few and some of the other folks that FQHCs or maybe our partners CCMC in the pediatrics I'm sorry, Connecticut children's at Yale, who, across disciplines often, who might want to talk to us about screening of pregnant people. We are still looking for sort of a subject matter expert in that area who could address the group because that's one of our topic areas. And I know that the leaves are very busy. But if anyone has any ideas I'd really welcome thoughts on that and feel free to shoot me an email or give me a call.

Lori Mathieu 1:15:23

Dr. Haile hand up.

Dr. Jennifer Haile 1:15:25

Yeah, sorry. Just jump up. NHC patient I do have someone in the in the was really covered that would be interested. Do you want me to connect them to you? Yes. Okay.

Lori Mathieu 1:15:35

Thank you. Excellent. Thank you, Dr. Haile. Awesome. Yeah, so Claire, I've been noodling it over. I think that I would love to, because we do have a couple minutes. And you know, I would love to take us right up until 11 o'clock. But there's probably one key statute that I could just read to you. All right, which is key to what Laura and Florian were talking about, which sort of sets the stage and it's written in statute, current law that says when children should be tested, sets the stage or what the statute is, is a 19A-111G in particular, and it's pediatric blood testing and risk assessment and exemptions. And it's a it's a brief law. And it's something that really starts the whole process rolling. And, you know, a lot of us that, you know, in state government read statutes all the time, but you all don't. So let me just read what the statute says. Maybe we could leave it at that and you can all think about this particular statute, because then it starts into the other statutes about when the child has been found or discovered to have a level of this what happens then? And then if then then it turns into all of these if then statutes. But this one really, to me starts the whole process of testing. And this is what's in current law. And I'll just do this quickly in a couple minutes and leave you with that and then we can close out and you can go on move on with the rest of your day. So, I see DC Aaron there and I think I think Commissioner Juthani might be also on as well. So, with our last 10 minutes,

Manisha Juthani 1:17:25

I'm still here or I came back, I should say,

Lori Mathieu 1:17:28

Commissioner, yes. So, Commissioner, we're at this point where we're, you know, next five minutes. I'm just going to walk through this one particular statute. We've heard some really great information from Laura and Chloe. In. And this statute is in the Department of Public Health statutes set. There's a whole set of statutes, very complicated statutes, which we will be walking through. But this particular statute, I think, sets the stage so let me take let me if you mind, just a quick read of it. So, it's pediatric lead testing and risk assessment. Each primary care provider giving pediatric care in this state, excluding a hospital emergency department or staff shall conduct lead testing at least annually for each child nine to 35 months of age, inclusive, in accordance with the childhood lead poisoning prevention screening advisory committee recommendations for childhood led screening and Connecticut. So again, a primary care provider shall conduct blood testing, at least annually for each child nine to 35 months of age. That's one to Shelton dark blood testing for any child 36 to 72 months of age inclusive, who has not been previously tested, or for any child under 72 months of age, if clinically indicated, as determined by the primary care provider in accordance with the childhood lead poisoning prevention screening advisory committee recommendations for Childhood Lead screening and Connecticut also shall provide before such lead testing occurs, educational materials, or and typically and our guidance information concerning lead poisoning prevention to such child's parents or guardian in accordance with this advisory committee recommendations. And then for shall conduct a medical risk assessment at least annually. For each child 36 to 72 months of age. According to the advisory committee

recommendations. Five may conduct may conduct a medical risk assessment at any time for any child 36 months of age or younger. Who is determined by the primary care provider to be in need of risk assessment in accordance with the advisory committee recommendations. There were five points to that particular so the testing and that's the statute that lays out the testing and the start of a really a lot of this process.

That particular paragraph, I'm guessing important paragraph for all of us to probably start thinking about next time our plan is to dive into a deeper dive into all of the statutes that we have currently. And there's a lot of them and they're pretty complicated. And so, I know that there's going to help and work on that we're gonna have our attorney come work on that. And we'll break all of this down but I wanted to reach you that particular statute because it does start the process and what I want people to know that, you know, within our what we call the blue box here within our department, we have quite a few laws that we must be following. But what the law says is important and important to know at least it's the start of where we are at this point in time. So, with that in just another check to see if there's anybody out there from the public.

Dan Aubin 1:21:09

No, there's no public attendees.

Lori Mathieu 1:21:12

All right, thank you. So, with that I think I'll turn. Oh, Commissioner Juthani.

Manisha Juthani 1:21:18

Yeah, I just, you know, I was, I had to be in and out. So, I, because I had to get on a CDC call. But one of the things I'm struck by and just, you know, listening to that statute, as well as, you know, so many people's we're trying to do the right thing in various different spaces, but where things could potentially fall between the cracks, where either a kid doesn't get tested or kid doesn't get recognized or, you know, maybe a school nurse is doing something that maybe the teacher doesn't know, or somebody in childcare and they're all these like, sort of the Swiss cheese model of, you know, risk assessment or you know, when things go bad that I feel like we could help with statutory change, but also with coordination among all the different types of groups we've got here. So that's what's most striking to me, I think, in listening to these and where I think we could make some improvements, at least, you know, sort of legislatively and what could be cleaned up, but also then just in the work that we're doing going forward.

Lori Mathieu 1:22:26

Thank you, Commissioner. And we could make that our final thoughts. As we roll forward, and give you back five more minutes to your day. Just maybe pan if we could turn our last slide on that shows the dates for the next meetings. Again, you've got to roll through all of my slides, which I didn't get to but we you know, it was a lovely conversation today. Very, very important. We heard a lot of great information. Excellent questions. And Commissioner to your point. There are many people that are involved in this and all of you are and there's many more that that are out there working to help children here but as a commissioner, you mentioned the word Swiss cheese. Yes. There's a lot of data to you know, Howard. Yep.

Dr. Howard Smith 1:23:14

Laurie just I just have to make one apology for the October 20 mythic meeting. I had something pre planned so I'm actually out of the country. That time. But I'm hoping Can I have somebody sit in for me if that's possible, maybe one of our staff?

Lori Mathieu 1:23:29

Absolutely. Absolutely. Excellent and good and good point. Actually, I know that all of us are, are busy people and have very busy schedules. So, if there's anybody out there says, well, you know, I can't make this date. Of that date. Just like Howard mentioned, please let us know and let myself know that damn No. And we can work with that and help you out and get the links to this webinar. So, Howard, thank you for that point. I appreciate that. So, are you see the schedule here for the upcoming meetings? And meeting aid is coming up quickly. So, we have a lot of work ahead. Next time. We will. We will walk through the statute and so which will be fun and exciting. Okay, there's a lot to the statutes. There's a lot of links to what current flow and Laura had said, and you'll start to see how they, you know, they work together or maybe they don't work together. So next slide then. With that, I'll turn to the commissioner for the final word or deputy commissioner for the final word. Commissioner if you're still on if you'd like to say, final word.

Heather Aaron 1:24:53

I think the commissioner had to step out. So, I'll just say thank you to everyone. I hope that we can get any statutes of any of the other departments sent to us in the time that we're preparing to do the next presentation so that we can bring everything together so for the presenters would very much appreciate that. And for those of you who on the clinical side have been looking at statutes related to what Laurie had identified in that very first statutes, your understanding of that if you can send us some information, I think that it will be helpful for us to put all of this together. So, thank you so very much for your time and I hope everyone has a great day. Thank you