

Questions Regarding Lead Testing Requirements For Children Who Attend Child Care Facilities in High-Risk Areas

The Section for Child Care Regulation is furnishing this information sheet to answer frequently asked questions about blood lead testing for children. The Section for Environmental Public Health (SEPH) in the Department of Health and Senior Services (DHSS) administers the lead program.

What is the regulatory basis for requiring lead testing of children in Missouri?

Regulation 19 CSR 20-8.030 sets forth the criteria for determining high-risk areas for lead poisoning in Missouri; describes who is to perform blood lead testing, testing requirements in high-risk and non-high-risk areas; follow-up steps for elevated blood lead levels; and requirements for child care facility directors in high-risk areas.

Section 701.344, RSMo states, in part, that for childcare centers in areas determined to be high-risk for lead shall, within 30 days of enrolling a child, require the child's parent/guardian to provide evidence of lead poisoning testing from a health care professional or provide a written statement that states the parent's/guardian's reason for refusing such testing. At the beginning of each year of enrollment in such facility, the parent/guardian shall provide proof of testing. No child shall be denied access to childcare because of failure to comply with the provisions of this section.

Is my facility required to follow-these requirements?

All facilities that fall into the categories listed in Section 210.201, RSMo, are required to follow the requirements, i.e. all regulated child care facilities inspected by the Section for Child Care Regulation.

Is my facility located in a high-risk area?

Each year by April, SEPH evaluates data, designates high-risk areas in the state, and updates the high-risk maps. If risk status changes from one year to the next and an area goes from high-risk to non-high-risk, the child care facility would no longer have to abide by these requirements. A map showing high-risk and non-high-risk areas is located at the following web site: <http://health.mo.gov/living/environment/lead/maps.php>.

Do all children attending my childcare facility need a blood lead test?

All children who are ages 12 months to six (6) years need a blood lead test annually unless the parent(s) signs a statement stating they are aware of the risks but refuse a blood lead test on their child. Newly enrolled children ages 12 months to six years should receive a blood lead test within 30 days of their enrollment, then yearly thereafter.

What about children who live outside the county in which the facility is located?

If the facility is located in a designated high-risk area, then each child less than six years of age needs a proof of testing regardless of where they live unless the parents/guardians submit a written statement refusing testing.

Will the local health agency help me?

Some local agencies have the staffing to provide blood lead testing either at the health department or at your facility. You should check with the local agency to determine their capabilities.

How can I get more information about child lead poisoning?

The Department of Health and Senior Services, Bureau of Environmental Epidemiology has a variety of types of lead information located on their web site: <http://health.mo.gov/living/environment/lead/index.php>. You may also contact staff within the bureau by phone at 573-751-6102 to ask specific questions about lead poisoning.

Evidence of Blood Lead Testing Form

Child Care Facility Name: _____

Facility Address: _____

Facility Director/Staff Member/Case Manager: _____

Contact Numbers: Phone:(____)____-____ Fax:(____)____-____

Child's Information

Print Child's Full name: _____

Child's Date of Birth: _____

Child's Complete Address: _____

Verification of Child's Receipt of Blood Lead Test

The child identified above received a Venous / Capillary blood lead test on ____/____/____ (date).
(Circle one)

The blood lead test was administered by: *(please print name)* _____

(Signature of HealthCare Professional that administered or verified the test was received) _____

HealthCare Professional's complete address:

Street address City, State Zip

HealthCare Professional's Phone Number: (____)____-____

For questions about blood lead testing or lead poisoning, please see www.health.mo.gov and click on "Lead Poisoning & Prevention" or phone the Department of Health and Senior Services, Bureau of Environmental Epidemiology at 573-751-6102.

Refusal of Blood Lead Testing Form

Child Care Facility Name: _____

Facility Address: _____

Facility Director/Staff Member/Case Manager: _____

Contact Numbers: Phone:(____)____-____ *Fax:*(____)____-____

Parent/Guardian Refusal of Blood Lead Testing

Print Child's Full name: _____

Child's Date of Birth: _____

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children under the age of six years. I do object to my child being blood tested in order to determine if he/she is lead poisoned, and hereby refuse blood lead testing. I am aware that a copy of this refusal will be sent to my child's primary care physician.

Reason for Refusal: _____

Signed _____ **Relation to child:** _____ **Date:** _____
(parent or guardian)

Parent/Guardian Address:

Street Address City, State Zip

Parent /Guardian Phone number: _____

Child's Physician Name: _____

Child's Physician Address: _____

Copies: Provide parent/Guardian with 2 copies (one for their own records and one for the daycare or Head Start facility) The LPHA or Facility associated with the parents refusal of blood lead testing should also send one copy to the child's Primary Care Physician and retain the original in the LPHA or Facility medical record for the child.

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