

## Year 2021 Template Objectives for Childhood Lead Consolidated

### Legend

<b>A Objective Statement</b>	<b>D Input Activities</b>	<b>G For your Information</b>
<b>B Deliverable</b>	<b>E Base Line for Measurement</b>	
<b>C Context</b>	<b>F Data Source for Measurement</b>	

### 1.

- A. Template Objective 1  
Blood Lead Testing  
By December 31, 2021, (insert number) children at risk for lead poisoning who reside in (insert name of jurisdiction) will receive an age-appropriate blood lead test.
- B. A report to document each of the following measures:
- 1) The number of unduplicated children at risk for lead poisoning residing in (insert name of jurisdiction) who received a blood lead test at the appropriate ages: age 1, age 2, or between the ages of 3 to 5 years if the child has no previous test documented.
  - 2) The number of children with a capillary blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a venous confirmation test within 90 days after the capillary test;
  - 3) The number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) or emailed to [DHSLeadPoisoningPrevention@wi.gov](mailto:DHSLeadPoisoningPrevention@wi.gov) by February 1, 2022.
- C. Acceptable value for this objective is up to \$18 per blood lead test. Children at highest risk for lead poisoning are those living in high-risk neighborhoods, eligible for the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling or playmate with lead poisoning. At a minimum, age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See references: "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012) and the Wisconsin Handbook for Local Health Departments.
- C.
- D.
- E.
- F. An agency-generated report.
- G.

### 2.

- A. Template Objective 2  
Comprehensive Follow-up for Low Level Lead Exposure  
Throughout the 2021 contract period, residents from the jurisdiction of the (insert name of agency) will receive comprehensive follow-up services, including a nurse home visit and environmental lead hazard investigation, at a venous blood lead level greater than or equal to [5 or 10 (choose one)] micrograms per deciliter.
- B. A report to document the extent to which the two components of this objective were provided, specifically:
- 1) The number of children with a venous blood lead level greater than or equal to [5 or 10 (as selected in objective statement)] micrograms per deciliter and the number who received a nurse home visit to provide information on lead poisoning prevention, and
  - 2) The number of children with a venous blood lead level greater than or equal to [5 or 10 (as selected in objective statement)] micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and all secondary properties, including accompanying risk assessment reports, work orders and property clearance.
- For reporting purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort but should be reported separately.
- This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) or emailed to [DHSLeadPoisoningPrevention@wi.gov](mailto:DHSLeadPoisoningPrevention@wi.gov) by February 1, 2022.

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C. There is no designated value range for this objective. This objective is intended to assure that the local health department is providing nursing and environmental interventions for children with low level lead exposure. Providing these interventions for children with low level lead exposure is intended to prevent ongoing lead exposure and more severe lead poisoning.

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D. 1) NURSING: For this objective, a home visit must be conducted for all children with one or more venous blood lead levels greater than or equal to [5 or 10 (as selected in objective statement)] micrograms per deciliter. After the initial home visit, the Nursing Case Management Report should be completed. The Nursing Case Closure Report should be completed when the case is closed.  
2) ENVIRONMENTAL: For this objective, a full environmental lead hazard investigation meeting the requirements of DHS 163 and using the DHS templates must be completed for all children with one or more venous blood lead levels greater than or equal to [5 or 10 (as selected in objective statement)] micrograms per deciliter. This includes, within 10 working days after receiving all sample results, completion of the Property Investigation form, a risk assessment report, issuance of a property owner work order letter with work specifications to address the identified lead hazards and a scope of work. Also, when the work orders are finished, this must include within 10 working days after receiving all sample results completion of the Property Investigation Closure form and a clearance report indicating that the hazards have been controlled.

The completed nursing and environmental forms and documents above must be promptly attached to the pertinent patient and address records in the Healthy Homes and Lead Poisoning Surveillance System (HHLPPS) using HHLPPS Job Aids 3.14: Patient Attachments and 4.3: Adding Attachments (<https://www.dhs.wisconsin.gov/lead/hhlpss-job-aids.htm>).

The environmental lead hazard investigation must include a child's primary residence and all pertinent secondary residences, and other areas where the child may be exposed to lead hazards. The procedure for the investigation is outlined in Chapter 7 and Appendix B of the WCLPPP Handbook for Local Health Departments and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see reference: "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012).

Local health departments should seek third party reimbursement for nurse home visits and environmental lead hazard investigations and clearances for Medicaid-enrolled children by billing Medicaid for these services.

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F. An agency-generated report.

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A. Template Objective 3  
Capacity Building for Lead-Safe Renovation  
By December 31, 2021, (insert number) contractors, rental property owners or maintenance staff from (insert name of jurisdiction) will demonstrate knowledge of lead-safe renovation through completion of a course conducted by a certified training provider.

B. A report to document: 1) the number of contractors, rental property owners or maintenance staff who gained knowledge of lead-safe renovation, as evidenced by successful completion of a post-test; and 2) the name of the certified training provider that conducted the lead-safe renovation course.  
This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) or emailed to [DHSLeadPoisoningPrevention@wi.gov](mailto:DHSLeadPoisoningPrevention@wi.gov) by February 1, 2022.

**Year 2021 Template Objectives for Childhood Lead Consolidated**

Legend

- |                             |                                      |                               |
|-----------------------------|--------------------------------------|-------------------------------|
| <b>A Objective Statment</b> | <b>D Input Activities</b>            | <b>G For your Information</b> |
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C. Acceptable value for this objective is up to \$260 per anticipated course attendee. A certified lead training provider must conduct this standardized 8-hour, lead-safe renovation training course. The training components include: 1) health effects of lead poisoning; 2) regulations; 3) pre-renovation education requirements; 4) preparing the worksite; 4) non-abatement lead hazard control activities; 5) clean-up and disposal; 6) final cleaning verification; and 7) recordkeeping. Successful completion of the course requires a score of at least 70% on a post-test given by the certified lead training provider. The Wisconsin Lead-Safe Renovation Rule (DHS 163) protects occupants, especially children, from being exposed to lead-based paint hazards during and after renovation, repair and painting activities that disturb painted surfaces. The rule regulates renovation, repair and painting activities performed for compensation in housing and child-occupied facilities built prior to 1978.

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F. An agency-generated report.

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**4.**

A. Template Objective 4  
Lead-Safe Housing Units  
By December 31, 2021, (insert number) pre-1950 housing units located in (insert name of jurisdiction) will be made lead-safe.

B. A report to document the number of individual housing units that were assessed, year the housing units were built, and results of clearance testing after lead paint hazards have been corrected.  
This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) or emailed to DHSLeadPoisoningPrevention@wi.gov by February 1, 2022.

C. There is no designated value range for this objective. Prior to 1950, paint companies produced paint with a high content of lead. Children living in pre-1950 housing are at a high risk for lead poisoning due to deteriorated lead-based paint. The most important method to prevent lead poisoning is to correct lead hazards in older housing. This objective may involve partnering with local housing or weatherization agencies, contractors or builders to assure older housing meets lead-safe standards. For example, a local health department may be able to provide lead hazard investigation and/or property clearance services. A lead-safe standard requires that, at a minimum: 1) all paint will be intact; and 2) the property passes clearance standards (visual inspection of work completion and dust wipe testing) as specified in DHS 163. An interpretation by Department of Health Services legal staff indicates that "(GPR) grant money could be used to purchase and install materials to make high-risk properties safe . . . if the grant specifies this" (communication from Eric Wendorff, Office of Legal Counsel, 04/02/03). This objective allows for the purchase of windows, window well liners, doors, or other components that have a high or medium impact on reducing the lead hazards in a property. A local health department that is working with the local agency that distributes the Community Development Block Grant (CDBG), Small Cities, HOME, HUD grant, or Lead Safe Homes funding can select this objective to reflect an outcome of the partnership, i.e., the number of lead-safe housing units that will result from the collaboration.

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F. An agency-generated report.

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