

1

Chapter 1 Consolidated Contracts, Standards, and Definitions

Contents

Introduction	2
Wisconsin Childhood Lead Poisoning Prevention Program	2
Consolidated contracts with local health departments for childhood lead poisoning prevention activities	2
Table 1.1 Risk factors for CLPPP funding formula	3
Glossary, federal standards, and state regulations	4
Table 1.2 Glossary	4
Federal standards	5
Wisconsin state regulations	7
Partners	9
Child Find	9
Children and Youth with Special Health Care Needs (CYSHCN)	9
Wisconsin early childhood enrichment	9
Local education agencies	10
Wisconsin early education initiatives	10
Supplemental Nutrition Program for Women, Infants and Children (WIC)	10

Introduction

This chapter describes the functions of the state and local public health departments in Wisconsin with respect to childhood lead poisoning prevention and response.

Childhood lead poisoning is an environmental disease, and public health is central in addressing all components of this disease, including surveillance, treatment, and exposure prevention. Public health departments need to mobilize resources available at the local, county, state, and national level and collaborate with affected families as well as other private and public professionals to prevent and respond to childhood lead poisoning.

The Wisconsin Childhood Lead Poisoning Prevention Program (CLPPP) is organizationally located within the Department of Health Services (DHS), Division of Public Health (DPH), Bureau of Environmental and Occupational Health (BEOH), Lead and Asbestos Section. The Lead and Asbestos Section also includes the Lead and Asbestos Certification and Field Compliance Programs, the Lead-Safe Homes Program, HUD Lead Hazard Remediation Program, and the Lead-in-Water Testing and Remediation (Lead-in-WTR) Initiative.

Wisconsin Childhood Lead Poisoning Prevention Program

The roles and functions of CLPPP are to:

- Implement pertinent Wisconsin statutes, especially [Wis. Stat. ch. 254](#), and develop administrative rules, as needed.
- Manage a comprehensive statewide lead poisoning or lead exposure prevention and treatment program.
- Provide advice, technical support, recommendations, and standards of practice for preventing childhood lead exposure, treatment of lead-exposed children and control of lead hazards.
- Develop and support efforts by Local Health Departments (LHDs) and other entities to identify and reduce sources of lead exposure and subsequent morbidity.
- Seek funding for lead poisoning prevention activities.
- Educate and support our partners to communicate the health impacts of lead exposure to parents, physicians, educators, officials of local boards of health, and others.

Consolidated contracts with local health departments for childhood lead poisoning prevention activities

[Wisconsin Stat. §§ 254.151](#) requires that DHS award grants to LHDs, which can serve as agents in administering and enforcing the statute. DHS contracts with LHDs through the annual consolidated contract process, to procure key public health services at the local level.

To distribute local allocation of Wisconsin legislative funding, the CLPPP Consolidated Contracts Advisory (CCA) Committee ratified a risk-based formula for LHD childhood lead poisoning prevention activities. The risk factors that are used to determine a local jurisdiction allocation are listed in Table 1.1.

Table 1.1 Risk factors for CLPPP funding formula

Risk factor (within LHD jurisdiction)	Percent apportioned to risk factor
Number of children ages 0 to 5	5%
Number of children ages 0 to 5 enrolled in Medicaid	25%
(3 Year average number of children with blood lead levels [BLLs] greater than or equal to 3.5 µg/dL) + (3 Year average number of children with elevated BLLs* multiplied by 3). *Elevated BLL = "One venous BLL greater than or equal to 20 µg/dL or two venous BLLs greater than or equal to 15 µg/dL drawn at least 90 days apart	25%
Number of pre-1950 dwellings multiplied by the percent of children ages 0 to 5 enrolled in Medicaid	45%

The former CLPPP CCA Committee, consisting of state and LHD staff, developed program-specific criteria for each of the nine [program quality criteria](#) categories. The program quality criteria are considered essential for delivery of effective services in a local childhood lead poisoning prevention program. LHDs contracting for funds from DHS are expected to be able to achieve these criteria.

The CLPPP CCA Committee also developed a [boundary statement](#). The boundary statement sets the parameters of the program within which the LHD, tribe, or agency will need to set its objectives.

Each year the LHD selects a template objective(s) or creates a unique objective(s) determined by the LHD to be relevant to their community, and achievable with the amount of funding they receive. LHDs enter their objective(s) into the [Grants and Contracts \(GAC\) system](#). CLPPP staff review the objectives and may negotiate changes prior to signing off on the contracts. Mid-year reports are not required, but end-of-year reports should be submitted to CLPPP by February 1 of the following contract year. The year-end report should include the contract objectives and deliverables and indicate the attainment of that objective.

Glossary, federal standards, and state regulations

Table 1.2 Glossary

Term	Definition
Blood lead reference value (BLRV)	3.5 µg/dL (2021 value), this is a reference value established by CDC, based on the 97.5 percentile of the population’s BLL in U.S. children aged 1–5 as determined by the National Health and Nutrition Examination Survey (NHANES).
Blood lead screening test	This is any test, capillary (fingerstick) or venous, for a child who had no previous venous blood lead level ≥3.5 µg/dL.
Confirmatory test	This is a test done to confirm the result of a capillary blood lead screening test. Confirmatory tests are any venous test following a capillary screening blood lead test result ≥3.5 µg/dL OR a second capillary test done within 12 weeks of the initial capillary screening test.
Diagnostic test	This is a venous blood lead test. If the blood lead screening test is venous, it is also a diagnostic test.
Elevated blood lead investigation	This represents the environmental investigation activities conducted in response to a report of a lead poisoning case, and intended to identify lead hazards that may contribute to the lead poisoning. It is defined in Wis. Admin. Code § DHS 163.03(39) .
Elevated blood lead level	This means one venous blood lead level ≥20 µg/dL or 2 venous blood lead levels ≥15 µg/dL at least 90 days apart as defined in Wis. Stat. § 254.11(5m) .
Follow-up test	This refers to a blood lead test (venous if possible) following a venous blood lead level ≥3.5 µg/dL.
Lead abatement activities	These are actions intended to permanently remove lead paint. Abatement activities must be performed by a certified lead abatement worker or supervisor as defined in Wis. Admin. Code § DHS 163.03(1) .
Lead hazard reduction	This is defined as any action intended to permanently or temporarily reduce or eliminate human exposure to LBP hazards. This can include cleaning, re-painting, or “stabilizing” lead painted surfaces. These activities can be completed by a certified lead safe renovator as defined in Wis. Admin. Code § DHS 163.03(71) .

Table 1.2 Glossary

Term	Definition
Lead poisoning or lead exposure	This is a blood lead level ≥ 5 $\mu\text{g}/\text{dL}$ as defined in Wis. Stat. § 254.11(9) .
Lead risk assessment Lead hazard investigation	These are the appropriate methods to use when investigating dwellings of children with lead poisoning. They must be performed by a lead hazard investigator (LHI) or risk assessor and follow Wis. Admin. Code ch. DHS 163 .
Targeted testing	This is the blood lead testing of some, but not all, children in a defined geographic area or at-risk population, based on assessment of the presence of a factor(s) that places them at increased risk for lead exposure.
Universal testing	This is the blood lead testing of all children in a defined geographic area or at-risk population at recommended ages (minimally at ages 1 and 2 years, or at age 3–5 years if they have never had a test done before).

Federal standards		
Agency ¹	Focus	Level ²
CDC	Children's blood	3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$)
CPSC	Paint and surface coatings including children's products and furniture with a coated surface	90 ppm (0.009%) 90 ppm (surface coatings)
EPA	Air	0.15 $\mu\text{g}/\text{m}^3$ for general population, averaged over a calendar quarter.
	Lead in paint	≥ 5000 ppm or ≥ 1.0 mg/cm^2 or $\geq 0.5\%$ by weight
	Lead dust hazards:	
	Floors	≥ 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$)
	Windowsills	≥ 100 $\mu\text{g}/\text{ft}^2$
	Window troughs	≥ 400 $\mu\text{g}/\text{ft}^2$ clearance only
	Lead in soil hazards:	
	Play areas	≥ 400 ppm
	Non-play areas of residential yards	≥ 1200 ppm
	Lead paint hazard	Any condition that causes exposure to lead from dust-lead; soil-lead; or deteriorated lead-based paint or lead-based paint that is present on friction surfaces, impact surfaces, or surfaces that are chewed or mouthed, as observed or

		evidenced by teeth marks and would result in adverse human health effects
	Water	15 ppb (Action level based on the EPA Lead and Copper Rule)
FDA	Bottled water	5 ppb
	Juice	50 ppb (proposed April 2022: 10 ppb for apple and 20 ppb for all other juices)
	Candy	0.1 ppm
	Dishware	Varies by type of dishware
	Max. daily intake of lead for children	3 µg/day
HUD	Lead in paint	≥5000 ppm or ≥1.0 mg/cm ² or ≥0.5% by weight
	Lead dust hazards:	
	Floors	≥10 micrograms per square foot (µg/ft ²)
	Windowsills	≥100 µg/ft ² ≥100 µg/ft ² for LBPHC or LHRD projects
	Window troughs	≥100µg/ft ² for LBPHC or LHRD projects (clearance only)
	Porch floors	≥40 µg/ft ² for LBPHC or LHRD projects (clearance only)
	Lead in soil hazards:	
	Play areas	≥400 ppm
Non-play areas of residential yards	≥1200 ppm	
OSHA	Air	30 µg/m ³ —employers are required to take action for workers exposed as an 8-hour time-weighted average. 50 µg/m ³ —maximum permissible exposure level for workers exposed as an 8-hour time-weighted average.
	Workers' blood lead levels	50 µg/dL—medical removal from exposure 40 µg/dL—increased monitoring Less than 40µg/dL—return to work

Wisconsin state regulations		
Statute or Code ³	Focus	Level ²
ATCP 134	Residential Rental Practices code	Property owner shall disclose any condition of the dwelling which constitutes a health hazard
Wis Stat. § 704	Landlord and Tenant statute	Conditions under which a tenant may move without incurring liability due to untenantability, including health hazards
Wis Stat. § 709	Disclosure by Owners of Real Estate statute	Disclosure of lead in real estate for sale in Wisconsin
DCF 56	Foster Home Care for Children code	Maintained in state of good repair: Unsafe building parts shall be promptly repaired
DHS 134	Facilities Serving People with Developmental Disabilities code	<ul style="list-style-type: none"> • Physical environment, ceilings and walls kept clean and in good repair • Interior and exterior of the buildings painted or stained as needed to protect the surfaces • Loose, cracked, or peeling wallpaper or paint replaced or repaired • Lead-free paint used inside the facility and any surfaces containing lead-based paint that are accessible to residents removed or covered
DHS 157	Radiation Protection code	Regulates use of X-ray Fluorescence (XRF) devices by a certified professional in a lead risk assessment
DHS 163	Certification for the Identification, Removal, and Reduction of Lead-Based Paint Hazards code	Activities involving lead-based paint are done safely without creating or increasing lead hazards
	Lead in paint	≥5000 ppm or ≥1.0 mg/cm ² or ≥0.5% by weight
	Lead dust hazards -	
	Floors	≥10 µg/ft ²
	Windowsills	≥100 µg/ft ²
	Window troughs	≥100 µg/ft ² clearance only
	Porch Floors	≥40 µg/ft ² clearance only
	Soil Hazards -	
	Play areas	≥400 ppm
Non-play areas of residential yards	≥1200 ppm	
DHS 181	Reporting of Blood Lead Test Results code	Ensure timely reporting of all tests performed to DHS

DHS 182	Lead Poisoning or Lead Exposure Prevention Grants code	Establish criteria and procedures for annual grants to local health departments to prevent lead poisoning or exposure to lead
DCF 202, 250-252	Child Care Certification code and Family Child Care Centers code	<ul style="list-style-type: none"> • Licensing and certification • No chipping and peeling paint; free of hazards • No recalled products • Notification before any remodeling activity begins
Wis Stat. § 254	Environmental Health statute	
Wis. Stat. § 254.11 (9)	Lead poisoning or lead exposure	BLL ≥ 5 $\mu\text{g}/\text{dL}$ (Wis. Stat. § 254.156 requires Wisconsin to adopt CDC definitions of lead poisoning or lead exposure)
Wis. Stat. § 254.11 (5m)		
Wis. Stat. § 254.11 (8)	Elevated blood lead level	Venous BLL ≥ 20 $\mu\text{g}/\text{dL}$ or repeat venous BLLs ≥ 15 $\mu\text{g}/\text{dL}$ at least 90 days apart
	Lead-bearing paint	1.0 mg/cm ² dry paint; 5000 ppm (0.5%) wet paint
NR 809	Safe Drinking Water code	Action level is >15 ppb Additional information can be found at EPA's Lead and Copper Rule

¹**Agency:**

CDC = Centers for Disease Control and Prevention
 CPSC = Consumer Product Safety Commission
 EPA = Environmental Protection Agency
 OSHA = Occupational Safety and Health Administration
 HUD = Department of Housing and Urban Development

²**Level:**

$\mu\text{g}/\text{dL}$ = micrograms per deciliter
 $\mu\text{g}/\text{m}^3$ = micrograms per cubic meter
 $\mu\text{g}/\text{ft}^2$ = micrograms per square foot
 mg/cm² = milligrams/centimeter squared
 ppm = parts per million
 ppb = parts per billion

³**Statute or Code:**

DHS = Department of Health Services
 DCF = Department of Children and Families
 ATCP = Department of Agriculture, Trade and Consumer Protection
 NR = Department of Natural Resources

Partners

Child Find

Federal regulations require that each state have a "comprehensive child find system" with the purpose of identifying, locating, and evaluating, as early as possible, all infants and toddlers aged 0 to 3 with disabilities. The Child Find system has the authority and duty to refer children with disabilities or risk conditions, such as children who have had a blood lead level above the reference value, to needed early intervention services. Services that may be included in this program are family training, counseling, home visits, speech-language services, occupational therapy, physical therapy, and others. Parents concerned about their child's development may request a screening at no cost through Child Find. Pediatricians or school personnel often refer children (with parental permission) for screening. For more information visit Wisconsin Department of Public Instruction's page [Early Childhood: Child Find](#). There is also a referral hotline (1-800-642-7837) called [Well Badger Resource Center](#) staffed by parent specialists with disability expertise.

Children and Youth with Special Health Care Needs (CYSHCN)

For over 75 years, the federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the nation's mothers, women, children, and youth, including children and youth with special health care needs, and their families. The Maternal and Child Health Block Grant to States programs may look different from state to state but are required to provide services to help parents with diagnosis and follow-up of any health, development, or learning concerns. In Wisconsin, the CYSHCN program has regional resource centers that provide information and support to families of lead-exposed children as the child enters elementary school and beyond. Further information is available on the [Children and Youth with Special Health Care Needs regional centers across Wisconsin](#) web site.

[Wisconsin early childhood enrichment](#)

Early childhood enrichment (ECE) programs, including the Head Start program, have been shown to benefit typically developing children, children with disabilities, and the parents of enrolled children. In a review of ECE programs enrolling typically developing children, researchers found that "within the cognitive domain, consistent improvements were found in measures of intellectual ability (IQ), standardized tests of school readiness, promotion to the next grade level, and decreased placement in special education classes because of learning problems" (Anderson et al. 2003).

Among the range of ECE programs, the Head Start program has been shown to have modest measurable effects on enrolled children. Head



Start is differentiated from the traditional ECE program in that it focuses on children's health, nutrition, mental health, and social service needs in addition to education and inclusion of children with disabilities. Focus on the whole child is designed to mitigate social and economic factors that may limit a young child's ability to learn in the classroom.

Local education agencies

Local education agencies (LEAs), that is, school districts and charter schools, are responsible for compliance with Child Find. School district offices or websites can provide contact information for the personnel responsible for screening and referrals through Child Find. These agencies are also required to coordinate with other agencies responsible for relevant education, health, and social service programs, specifically including the Maternal and Child Health program (including the Maternal, Infant, and Early Childhood Home Visiting Program); the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) component of Medicaid; Head Start and Early Head Start; Supplemental Security Income programs; and other appropriate programs.

Wisconsin early education initiatives

Wisconsin has several initiatives to enhance the social and emotional development of children and families in need:

- [Wisconsin Early Childhood Collaborating Partners](#)
- [Wisconsin CESAs for Serving Children with Disabilities](#)
- [Wisconsin Pyramid Model for Social Emotional Competence](#)
- [Wisconsin Positive Behavioral, Interventions and Supports Network](#)
- [Wisconsin Family Assistance Center for Education, Training and Support](#)
- [Wisconsin Supporting Families Together Association](#)

Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC is a nutrition and breastfeeding program that serves eligible people who are pregnant, breastfeeding, or postpartum, as well as infants and children up to age five. WIC provides nutrition education and counseling, nutritious foods, breastfeeding support, and referrals to health and other social services.