

Procedures for Blood Lead Testing for the Home-Based Child Care Lead Safety Program – Rochester, NY

At the time construction begins, all children aged six or younger must either have:

- blood lead tests within the past 6 months
- a signed parental waiver for tests.

- 1) At the time of the parent meeting, parents will be asked to sign:
 - HBCCLSP Parental Consent (Attachment 1)
 - Blood Lead Testing Release Form (attachment 2)
 - Request to Primary Care Provider (PCP) to order blood lead test (attachment 3)
- 2) FCCSN will review provider's documentation of testing and blood lead levels. If tests are within three months and levels have been reported. FCCSN will send a copy of the information to NCHH, and no other action is needed.
- 3) If blood lead tests are older than 4 months, FCCSN will add the PCP's name and address and the date onto the NCHH/EF request letter (attachment 4). FCCSN will make 3 copies of the letter, release, and consent:
 - One for FCCSN files
 - One to NCHH
 - One to Pat Boprey
- 4) FCCSN will mail to the PCP:
 - The NCHH/EF request letter
 - The original of the parent request for service
 - A copy of the release
 - An original lab requisition sheet (to be supplied by Pat Boprey)
- 5) FCCSN will email Carol and Pat when the request is sent. Within two weeks, Carol will check with Pat Boprey to see if she or the lab has received the lab requisition sheet. If this has not been received, Carol will contact the parent who signed the request to see if the requisition was sent to the home. If not, Carol will contact the PCP to follow up. As soon as the lab sheet is signed, Carol will notify FCCSN. FCCSN will send a postcard or letter to the providers asking them to remind parents to have their children's tests done in the next two weeks. (Attachment 4)
- 5) Within 2 weeks after the PCP signs the lab requisition sheet, Carol will contact the parent with a reminder to have the child tested.

Attachment 1

Home-Based Child Care Lead Safety Program Parent Consent Form

My childcare provider has applied to participate in the Home-Based Child Care Lead Safety Program. If s/he meets the criteria for the Program, I understand that certain repairs will be made to her or his property (“the Property”) to address home repair needs and to reduce the exposures to lead hazards for children. I understand that this work is to be done in 2003 or 2004.

1. I acknowledge that I have received and read a copy of the brochure entitled A Parent’s Guide to the Home-Based Child Care Lead Safety Program. I understand that this document provides information about the risks and benefits of lead and other home safety hazard identification, repairs and maintenance as they relate to this Program.
2. I understand that my children enrolled in the child care program will continue to receive child care services during the lead safety repair activity, unless the provider has made arrangements to close during the period of construction.
3. I understand that the Program will make an effort to minimize risk to my child by relocating the child care activities to an alternative lead-safe location while lead hazard control work is underway.
4. I acknowledge that, under Federal and New York State law, the Property must meet “clearance test” standards before any child is permitted to return.
5. I agree to participate in at least one educational session on the Home-Based Child Care Lead Safety Program prior to construction and at least one educational session on the Program after the construction is completed.
6. I agree to
 - a) provide evidence that a blood lead test that has been performed within the past 6 months for each of my children under 6 years of age who are enrolled in the child care program or
 - b) permit each of my children under 6 years of age who are enrolled in the child care program to have blood lead level tests performed prior to construction, at a location designated by the Home-Based Child Care Lead Safety Program and at no cost to me/us. If for religious or personal reasons I choose not to have my child tested for lead, I will sign a statement to this effect.
7. I agree to transport my children, or allow them to be transported, from the current child care location to this alternative location. I understand that this work will take up to 2 weeks.
8. I understand that I may request a blood lead level test after construction is completed, to be performed at a location designated by the Home-Based Child Care Lead Safety Program and at no cost to me.
9. I agree that information provided to the Home-Based Child Care Lead Safety Program about me and my children, including photographs, will not be released without my permission, unless it is required for referral for follow up medical care or administration of the Home-Based Child Care Lead Safety Program.
10. I authorize the release of blood lead test results to the National Center for Healthy Housing, Inc., The Enterprise Foundation, Inc., Rochester Children’s Nursery/Family Child Care Satellites of Greater Rochester, Child Care Council of Onondaga County, Inc., Neighborhood Housing Services of Rochester, Inc. and Home HeadQuarters, Inc. as documentation that the tests were completed as required by the conditions covering the release of federal funds for this Program.

11. I agree to hold the National Center for Healthy Housing, Inc., The Enterprise Foundation, Inc., Rochester Children’s Nursery/Family Child Care Satellites of Greater Rochester, Child Care Council of Onondaga County, Inc., Neighborhood Housing Services of Rochester, Inc. and Home HeadQuarters, Inc., its and their employees harmless and agree not to commence any legal action or to sue or make any claim against these organizations for any claim, liability, damage or loss to person or property connected with the activities of the Home-Based Child Care Lead Safety Program that are within the proper lead hazard control or relocation processes undertaken by these organizations or their contractors.
12. I understand that New York State law requires that all blood lead tests are reported by the testing source to the authorized health agencies. Childhood Lead Poisoning Prevention Program offices will provide follow up services if my child’s(children’s) blood lead level(s) is(are) above the level of concern.

Print name of Parent or Guardian

Signature

Date

Name of Child and Birth Date _____

Name and Address of Child Care Provider:

(the “Property”)

Witness

Date

Attachment 2

**Home Based Child Care Lead Safety Program
Blood Lead Testing Release Form**

It is recommended that all children under six years of age have their blood lead level tested prior to lead hazard control. If your children have not received a blood test in the past four (4) months, you should contact your child's primary care provider to arrange the test.

Please check one of the following – the one that best describes your children:

1. _____ My children under six **have** had their blood lead levels tested **in the past four (4) months.** Please identify the test provider and the date of the test.

AND

_____ I hereby authorize the provider to release the results of this (these) blood test (s) to the Home-Based Child Care Lead Safety Program.

2. _____ My children under six **have not** had their blood lead levels **tested in the past four (4) months and I agree to have them tested at this time.**

- 3) _____ For religious and/or personal reasons, I choose **not to have** my child (children) tested for lead.

I voluntarily disclose this information. I understand that disclosure of this information is not required for participation in the Home-Based Child Care Lead Safety Program.

Parent's/Foster Parent/Guardian signature

Date

Attachment 3

Home-Based Child Care Lead Safety Program

I, _____, request my child's primary care provider, _____ to order blood lead tests for those of my children under the age of six who attend child care at the home of the provider whose name is listed below. These tests will be conducted at the Via Health Rochester General Hospital's laboratory facilities. I authorize release of these test results to the representatives of the Home-Based Child Care Lead Safety program, and the FingerLakes Regional Lead Poisoning Treatment Center, as well as to my child's health care provider.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print) _____

Parent/Guardian Address _____

Phone _____

Child Care Provider Name and Address _____

Primary Care Provider Name and Address _____

Name, address, and date of birth of children under age six for whom tests are requested

Name	Address	Date of Birth
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Attachment 4



National Center for Healthy Housing

DATE

PROVIDER ADDRESS
PROVIDER ADDRESS
PROVIDER ADDRESS

Dear _____,

During the next year, low and moderate income family child care providers in the City of Rochester have a unique opportunity to participate in a primary prevention program that identifies and addressed lead hazards, as well as other safety-related repair needs, in their homes. The Home-Based Child Care Lead Safety program, funded through the U.S. Department of Housing and Urban Development and other public and private sources, will enable family providers to continue to offer child care services at an alternative location while repairs to their homes are made.

As a condition of the federal grant, all children under the age of six who reside or attend child care at the provider's home must have blood lead tests conducted within six months of the start of construction. Even if the child has had a blood lead screen as part of his/her annual physical, he/she will need to be retested if the test results are older than six months from the construction start date. As a practical matter, most children served by the project will need the additional test.

The Home-Based Child Care Lead Safety Program has arranged to have these tests conducted at no cost to the parents or child care providers. The program has established an agreement with ViaHealth, Rochester General Hospital's outpatient laboratory for venipuncture lead testing and analysis. All test results will be reported to your office, as well as to the program.

In order for families to take advantage of this service, we need you to write an order for these tests.

Attached to this letter is a signed parental request for blood lead tests for children served by your practice. We have also attached a laboratory requisition form for your use. Once you have completed this form, please return it to the parent or fax it to Pat Boprey, FingerLakes Regional Lead Poisoning Treatment Center (922-5033).

We thank you for joining with our project to improve the health of Rochester's children. If you would like more information, please call Carol Kawecki at 1-800-624-4298 ext. 2779 or Tania Miller at 585-454-2750 ext. 12.

Sincerely yours,

Carol Kawecki, R.N.
National Center for Healthy Housing

Tania Miller
Enterprise Foundation Upstate

Building a lead-safe and healthy home environment for all children

Attachment 5

Dear

Our records show that the following children should have their blood lead tests done within the next two-three weeks. Please remind their parents that the ViaHealth Rochester General Hospital Outpatient lab hours are

Monday-Friday 7:00 a.m.- 5:30 p.m.

Saturday 8:00 a.m. – noon

1425 Portland Avenue

Rochester NY

922-4013

Please also remind the parents that they should first call the lab to see that the order to test is on file, if the doctor has not sent them the form directly.

Children who have permission to test:
