

**GOVERNOR'S LEAD POISONING PREVENTION COMMISSION**

Maryland Department of the Environment  
1800 Washington Boulevard  
Baltimore MD 21230

MDE AERIS Conference Room  
July 6, 2017

APPROVED Minutes

**Members in Attendance**

Anna L. Davis, Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Paula Montgomery Barbara Moore, Sen. Nathaniel Oaks, Manjula Paul, Christina Peusch

**Members not in Attendance**

Nancy Egan, Leonidas Newton, John Scott, Adam Skolnik, Mary Beth Haller

**Guests in Attendance**

Sanmi Adenaiye (Intern, DHMH), Camille Burke (BCHD [via phone]), Ella Carroll-Price (DHCD), Jack Daniels (DHCD) Christopher DenBleyker (MDE), Syeetah Hampton-El (MMHA), Kirsten Held (MDE), Max Jerememko (MDE), Dawn Joy (AMA), Myra Knowlton (BCHD), Darion Madison (MDE) Wes Stewart (GHHI), Marché Templeton (GHHI), Ron Wineholt (AOBA)

**Welcome and Introductions**

Pat McLaine called the meeting to order at 10:08 AM with welcome and introductions.

**Approval of Minutes**

A motion was made by Christina Peusch, seconded by Senator Nathaniel Oaks to accept the June minutes as written. All present Commissioners were in favor.

**Old Business**

**Lead Screening – Leadcare II** – Cliff Mitchell reported that the Magellan instruments are OK for capillary screening tests but are not to be used with a venous blood draw; venous draws have been associated with false negative results. The Department of Health (new name) wanted to follow up with providers who were using Lead Care II. Dr. Keyvon retrieved a list of tests done in the last 6 years where negative test results were from a venous draws or “not determined” as either capillary or venous and according to Stellar, did not have follow-up venous test analyzed in a laboratory. The Department of Health is following up with providers with these kinds of tests, starting with the most recent tests. Of approximately 4,300 tests analyzed with LeadCare II, about 1000 were done with venous tests and the others were “unknown. There are about 50 providers using this technology. Wisconsin sends spike samples to the labs, which are returned to the lab with results sent to providers only. Cliff Mitchell will follow up with Wisconsin Laboratory regarding generating a report for Maryland about testing result for all Leadcare II instruments being used to test Maryland children.

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Federal Funds for non-clinical services – Cliff Mitchell reported that the Department of Health had applied to CMS to use federal dollars for non-clinical services to conduct lead and asthma prevention work. Legislation in 2016 created \$500,000 fund for lead abatement using Medicaid dollars. Maryland will use this \$500,000 as a state match for \$3.2 million Federal dollars to fund Health Department programs to address lead hazards in homes where repairs and renovations have been put on hold. In addition, lead case management funds going to GHHI will be used as a match for federal dollars (Medicaid) to fund CHWs to do environmental assessments, provide durable goods and education to reduce environmental triggers. The program will target Medicaid-eligible or Medicaid enrolled children, including those assigned to MCOs. The Department of Health will be working with Medicaid, Local Health Departments and DHCD and will fund local health departments

### **New Business**

**RRP Regulations** - Pat McLaine reported that a subcommittee met with Secretary Grumbles and Horacio Tablada regarding the status of the RRP regulations, the Commission's concerns about risks in older owner occupied housing and the importance of enforcement to protect children. Secretary Grumbles agreed to review this matter and to meet with the full Commission in September or October to discuss these concerns.

**Office of Child Care Annual Report** – Manjula Paul provided handouts summarizing lead violations from 2012 through 2012 in licensed child care (Family Child Care and Child Care Center), broken down by local jurisdiction, and COMAR requirements for a lead safe environment in Centers (COMAR 13A.16.05) and Family Child Care (COMAR 13A.15.05). The Office of Childcare has 13 regions and 100 licensing specialists who do unannounced annual inspections. Centers and homes operating in rental properties must have a lead certificate. If there is a problem, the program contacts the AGs office for a legal determination. Owner-occupied centers with risks identified must have a risk assessment done, must have any identified hazards addressed and must pass clearance lead dust testing. Of 9,111 total facilities in Maryland, only 35 had lead violations last year, 19 Family Child Care Homes and 16 Child Care Centers. Five (5) facilities were closed for lead violations: 1 center and 4 family child care homes. These centers all had peeling/chipping paint and had not complied with testing or abatement guidelines.

Older rental childcare centers must have a lead risk reduction certificate or be lead free. Family child care in older rental properties must also have a lead certificate or be lead free. In owner-occupied properties, family child care facilities must have a risk assessment only if defective paint is identified. If a hazard is found, it must be abated and cleared using lead dust testing. In owner occupied child care centers, a new Center must have a risk assessment only if defective paint is identified. In this case, the Center must address lead hazards and conduct a dust test at clearance. Annual inspections are used to assess paint integrity. Complaints are followed up within 24 hours.

In Maryland, kids aren't typically getting poisoned in licensed child care facilities. The Office of Child Care now has authority to take action against Centers who do not meet minimal standards.

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Compliance has been excellent with the Baltimore City Health Department and the City HD staff has provided numerous trainings to Child Care and Center staff.

Manjula Paul explained that if new child care center is being opened and was built 1950-1978 and peeling and chipping paint is not observed, no dust testing is done. A lot of churches are older and there is potential for track in and lead dust due to age. If a center is in a church basement, and paint on the walls are intact, the Office of Child Care would not require it to be tested. A question was raised about the feasibility of doing a small pilot in child care centers, taking dust tests in centers that passed visual testing. However, work done in older occupied housing has consistently shown that a large percent of older houses that pass visual inspection do not meet lead dust standards, hence the need for dust testing to assess risk. A question was asked: have child care facilities been checked for all children who were found to have elevated blood lead levels? Baltimore City Health Department and MDE both do inspections in the City and counties respectively if an identified child receives care in a center for 20 or more hours per week and the center was built before 1978. Kirsten Held stated MDE followed a child in the northern part of the state who spent a lot of time in a licensed child care facility located on the grounds of an old church that had very deteriorated windows. The church was on the pathway to the child care and was identified as one of the likely sources for the child.

A question was raised: is there any rationale for having a different standard for testing in older properties used for child care based on their rental or owner-occupied status? Would the Office of Child Care consider having the same protective standard for all childcare facilities? With regards to the number of Maryland child care facilities built before 1978: the data has been collected and is recorded in paper files for each licensed facility but has not yet been put into a central database. Because of this, Office of Child Care does not know how many properties are at risk for lead hazards due to their age.

A motion was made by Barbara Moore seconded by Anna Davis to send a letter to the Office of Child Care about the need to know the age of construction for every child care facility, urging that the same standards for lead be used for all child care facilities (rental, owner occupied and "other" facilities). Six commissioners were in favor, one abstained, the motion passed. Pat McLaine and Anna Davis will draft the language of the letter.

Upon further discussion, it was established that the term "rental" property only pertains to family child care homes, not to child care centers which are commercial entities. Residential rental property consists of a room or group of rooms with provisions for eating, sleeping and sanitation. A child care center is not residential property. A question was asked: do commercial child care centers have to be inspected for lead hazards. Commissioners expressed concern that centers built before 1978 should have a lead-safe environment and a lead certificate and asked that Office of Child Care clarify whether this is the case.

Manjula Paul stated that the licensee gets a notice if a problem is identified. If a Notice of Defect is issued, the licensee must use a certified contractor. COMAR 16.05 defines a residential rental property. This is a problem because many child care centers are not in

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residential properties. A suggestion was made to look at the regulations to see if small amendments could be made. Susan Kleinhammer said she did not think this was a loophole; a

lead safe environment certificate is required to open a child care center. The provision for annual, unannounced inspections is very protective. Small wording changes would be useful, for example, a change from pre-50 to pre-78.

### **Future Meeting Dates**

The next Lead Commission Meeting is scheduled for Thursday, August 3, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

### **Agency Updates**

**Maryland Department of Environment** – Paula Montgomery stated that she has accepted a new position as Lead Poisoning Prevention Outreach Coordinator for MDE and will do outreach for other land management programs including recycling and fracking. She will be based in the Director's office and will not be doing enforcement but will be focusing on coordination. She will remain on the Commission representing MDE. Commissioners offered congratulations. Paula Montgomery thanked GHHI for the Healthy Homes event held last week which was well received. Regarding the investigation of invalid certificates, MDE is planning to file civil enforcement in Circuit Court in Prince Georges County. Paula will provide an update/summary at the meeting on August 3, 2017.

**Maryland Department of Health** – Nothing more to report.

**Maryland Department of Housing and Community Development** – Jack Daniels noted that DHCD is fine-tuning their process and hoping the program will be up and running soon. DHCD will be using the existing process and is adding Medicaid to eligibility criteria. DHCD will provide a report at the next meeting on August 3, 2017 including the dollar expenditure for abatements in FY2012 and a snapshot of work completed in the past 5 years. Jack Daniels indicated that DHCD has \$15 million in rehab applications in the pipeline with a budget of \$7.4 million for the entire agency.

**Baltimore City Health Department** - Camille Burke reported that BCHD has received many questions from other local jurisdictions about what they do. They are exchanging inspectors for one week: Baltimore City inspectors are in Harford and Harford inspectors are in Baltimore City. Camille Burke will report out about this in September.

**Baltimore City Housing and Community Development** – No representative present.

**Office of Child Care** – Nothing more to report.

**Maryland Insurance Administration** – No representative present.

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### **Public Comment**

Wes Stewart from GHHI thanked MDE for data. The event with Secretary Carson (HUD) on Thursday at Henderson-Hopkins School was very successful with vendors providing services to children, food trucks and produce given away. A number of community organizations were also out for the event. GHHI hopes to find common ground working with Secretary Carson and

HUD. Efforts with EPA need to be steadfast; cuts would gut lead training, outreach, EJ progress. CDBG funding also represents significant funding for Maryland housing agencies. GHFI is also doing a back-to-school event and a lead week event.

Pat McLaine reported that Baltimore County was not funded in the last round of HUD Lead Grants. The Commission may want to consider encouraging other counties to submit for funding.

### **Adjournment**

A motion was made by Barbara Moore to adjourn the meeting, seconded by Anna Davis. The motion was approved unanimously and the meeting was adjourned at 11:28 AM.