

Lead Testing in Drinking Water at Child Care Facilities

TESTING PARAMETER	CHILD CARE LICENSING REGULATION REQUIREMENTS	S.40 REQUIREMENTS
Number of Taps Sampled	In practice, providers only test <u>one tap</u>	All <u>taps</u> reasonably expected to be used for drinking and cooking purposes (EPA recommendation)
Sample Size	<u>1 L</u>	<u>250 mL</u> (EPA recommendation)
Type of Sample	<u>First draw sample only</u> ; flush sample collected only if first draw is above action level	First draw <u>and</u> flush sample required
Action Level	<u>15 ppb</u>	<u>5 ppb</u>
Notification	<u>No notification</u> of testing or results to parents and guardians	<u>Requires notice</u> to parents and guardians before testing, and notice of results and remediation plan after testing (EPA recommendation)
Timeline/frequency of testing	Child Care Facilities required to test <u>once every three years</u> upon license renewal or within one year of remediation if test exceeds action level	By <u>December 31, 2020</u> , all child care facilities are required to test for lead in drinking water

Child Care Regulations for lead testing are inadequate and do not protect children for the following reasons:

1. **Regulations do not clearly require testing at all taps, so in practice, providers are often only testing one tap.** Since an individual fixture may cause lead contamination, every tap must be tested to evaluate potential lead exposure. The Joint Fiscal Office estimates that child care centers have an average of 10 taps per facility, and home-based facilities have an average of three taps per home.
2. **Sampling procedures do not meet EPA recommendations for lead testing in two ways.** First, the Regulations call for 1 liter samples, as opposed to 250 milliliters, meaning sample volumes are more diluted and may underestimate concentrations of lead. Second, the Regulations only require a “first draw” sample, as opposed to both a first draw and a “flush” sample. Flush samples are important to determine the source of lead contamination and remediation strategy.
3. **Remediation level is 15 ppb, which is not a health-based standard.** There is no safe level of lead, and the Vermont Health Advisory for lead in drinking water is 1 ppb. EPA recommends reducing lead levels to the lowest possible concentrations consistent with guidance from state health department.
4. **No notification requirement** to inform parents and guardians of testing, results, and remediation plans.
5. **Testing only occurs once every three years.** More frequent testing is important because lead water levels can fluctuate over time even from the same tap due to stagnation time, draw time, flow rate, water usage, and other factors.

S.40 must include child care facilities and testing must occur on the same timeframe as schools:

- The time of greatest brain growth is the prenatal phase to the first few years after birth, making this early developmental period a time when children are *most* vulnerable to toxic exposure.
- We cannot rely on old test results at child care facilities to protect kids because the testing protocol is not consistent with EPA recommendations and may underestimate lead concentrations; many taps that children drink from daily were not tested at all; and test results may be outdated and not reflective of potential lead exposure.
- Delaying testing until license renewal would mean that children may be exposed to lead-contaminated water for up to 3 years during the most critical developmental period in a child’s life.