Iowa Department of Human Services

LEAD ASSESSMENT AND CONTROL

Instructions: Complete this form if you will be providing child care in home that was built before 1960.

- 1. As of December 1, 2009, this form must be submitted with all initial applications. If you have a valid registration on November 1, 2009, you must assess and control lead hazards and complete this form by June 30, 2010, for submission with your next renewal application after that date.
- 2. Complete the interim control table (page 2) for each visual assessment and application of interim controls to lead hazards.
- 3. Sign and date the form before submitting it to the Department with your application. Category C homes must include signatures of both providers. Retain a copy for your records.
- 4. Start a interim control table for each registration period, and submit both pages of the form with each renewal application.

A link to the Iowa Department of Public Health pamphlet, "Lead Poisoning, How to Protect Families" is found at: http://www.idph.state.ia.us/eh/common/pdf/lead/protect_iowa_families.pdf and http://www.idph.state.ia.us/eh/common/pdf/lead_poisoning_prevention/como_proteger_a_las_familias.pdf

| Visual Assessment | Applicant Initials |
|--|--------------------|
| I certify that I have conducted visual assessments of internal and external surfaces of my child care facility. | |
| I certify that I DID NOT find any lead hazards. | |
| I certify that I DID find lead hazards, and I have applied interim controls to these hazards. | |
| A certified lead inspector as defined in Iowa Department of Public Health IAC 641 – Chapter 70 has determined that the paint is lead-free. | |
| (Attach approved documentation to this form.) | |

Date

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Child Development Home Applicant Signature

Iowa Department of Human Services

Interim Control Table

| Date of Visual Assessment (mm/dd/yy) | Location of Identified Hazard | Description of Identified Hazard | How Hazard Controlled | Date Work Completed (mm/dd/yy) | Name of Person Who Completed the Work |
|--|-------------------------------|-------------------------------------|-----------------------|--------------------------------------|--|
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