

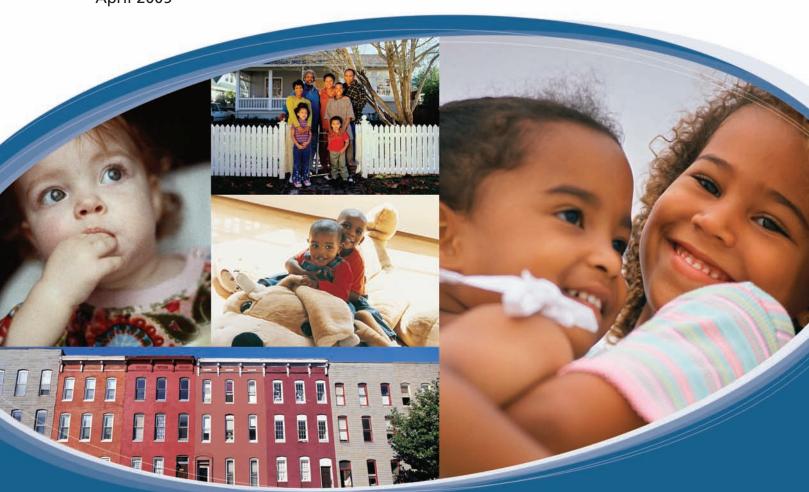


# A Guide to Implementing a Home-Based Child Care Lead Safety Program

**Program Description and Document Templates** 

Prepared under U.S. Department of Housing and Urban Development Operation Lead Elimination Action Program Grant MDLOL 0005–02

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Approximately two million children nationally are cared for in family child care. This type of out-of-home care is widely used by working parents, especially those with low incomes, and is particularly popular with the parents of children younger than three years who prefer the homelike setting and small numbers of children that family day care provides. In addition, family child care is often the form of care best able to respond to the needs of school-age children and employees who work nontraditional hours.

But in those low-income communities with older and deteriorating housing stock, home environments in general often have lingering lead-paint hazards. Home-based child care providers in such neighborhoods face the same economic struggles as their clients. They must often defer home maintenance because of the businesses' low revenue base, resulting in health and safety hazards. A Guide to Implementing a Home-based Child Care Lead Safety Program provides guidance to organizations seeking to create safer family child care homes in their communities.

While licensing requirements exist in most states for family child care businesses, lead-based paint hazards are not uniformly identified and addressed, leaving children vulnerable to the debilitating and irreversible effects of childhood lead poisoning.

Home-based child care is a vital piece of a community's economic engine, especially in transitional neighborhoods, as they support a parent's success in the workforce. These small businesses, which typically care for two to 15 children, offer flexible hours for service, lower costs, cultural continuity and convenient access. Experience, trained, and licensed child care providers also offer quality early child development services and invaluable training on health, nutrition, growth and development to parents who are stressed by the demands of daily life.

Developing a home-based child care lead-safety program poses unique challenges, from recruiting providers to participate to relocating the child care business temporarily during the lead hazard control work. Adding further complexity, most lead hazard control and community development home-repair programs do not serve home-based businesses and the start up costs for such programs can be high.

This Guide addresses those challenges by detailing a two-year pilot project in Rochester and Syracuse, New York. The Guide provides model documents for program administration, and candid advice for those seeking to implement a similar program. The pilot program and the resulting Guide were designed to illustrate the need for and benefit of primary prevention of childhood lead poisoning in home-based child care settings.

By eliminating lead-based paint hazards in family child care, we can help ensure children grow up free of the debilitating effects of lead poisoning. We hope this Guide supports achievement of the national goal of eliminating childhood lead poisoning by 2010.

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## Introduction

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A family child care home affects the lives of many children, not only those who live there. By following lead safe work practices in their businesses, family child care providers can significantly reduce the risks for children in their care and increase parents' lead awareness. However, when it comes to actually making repairs to address serious housing-related lead hazards, providers find very few resources that consider their unique needs and situations.

The Home-Based Child Care Lead Safety Pilot was a collaboration between two national organizations—The National Center for Healthy Housing and The Enterprise Foundation and four local organizations—two housing and two child care—based in Rochester and Syracuse, New York. The purpose of the two-year pilot program was to conduct lead hazard control and other safety-related repairs in 25 home-based child care homes. A long-term goal of the program was to develop a strategy for replicating this work in other parts of the country. Part of this replication strategy is the development of an implementation guide and document templates to assist local communities in developing a similar program.

## 1. The Need for a Home-Based Child Care Lead Safety Program

Although many communities carry out in owneroccupied home repair programs and lead hazard control, circumstances unique to lead hazard control work in home-based child care homes can make it difficult to integrate these properties into existing programs. These unique challenges have proved insurmountable for many communities, resulting in a lack of resources for and attention to the needs of home-based child care programs, despite the critical role home-based child care plays for families and communities.

Adequate, convenient child care is critical for working poor families and those trying to leave the welfare rolls. Dependable child care enables parents to become stable, dependable employees. Quality child care programs, including home-based programs, prepare children to succeed in school. Child care also provides stable employment for those often with limited formal education but a wealth of experience with children. Lowincome parents rely on home-based care because it often provides more flexible hours, is more affordable, and is more readily available than center-based child care. By targeting home-based child care homes and including both environmental and program quality components, there is the opportunity to have a positive impact on the health, safety, and well being of a greater number of children than by targeting single family homes alone.

All child care should take place in safe, hazard-free environments. Yet many home-based providers in low-income neighborhoods live in aging and deteriorating houses with lead-based paint, which are in need of major repairs. Their low incomes force them to defer home repairs and maintenance, that can lead to

lead-based paint hazards. Most providers also cannot afford to make other health and safety-related repairs or upgrades needed in older homes, such as the electrical system, stairs, railings, and porches. Furthermore, their low, self-employment incomes can be a barrier to accessing existing home repair assistance programs.

## 2. Lessons Learned from the Rochester and Syracuse pilot

This implementation guide is intended to help local communities consider how to modify their current lead hazard control or home repair programs to better address the needs of family child care providers, or if needed, to create a specialized program to serve these clients. We offer additional recommendations on program design or administration based on lessons we have learned. At the end of each chapter, we include copies of the documents, or procedures we used. We encourage programs to review and modify these documents to fit their programmatic needs.

The guide contains the following chapters:

• Chapter 2—Finding the Right Partners: Program Design and Administration. This chapter describes the partner skills and resource considerations in building such a program.

- Chapter 3—Defining the Target Population for Service. This chapter highlights issues in determining eligibility for services, including geographic targeting, income eligibility, child care experience, owner v. renter status, and number of children in care.
- Chapter 4—Defining and Managing Rehabilitation Services. This chapter discusses the scope of work, managing client expectations, building a contractor base, and construction oversight and communications.
- Chapter 5—Developing a Relocation Strategy. This chapter includes relocation requirements, options for relocation, costs, safety of occupants' belongings, and the special considerations involved in managing a relocation house in which child care can be offered.
- Chapter 6—Outreach to Providers and Parents. This chapter discusses marketing and enrollment, developing educational messages, ongoing education for providers and parents, and outreach to providers.