United States Government Accountability Office

Report to Congressional Requesters

September 2020

CHILD CARE FACILITIES

Federal Agencies Need to Enhance Monitoring and Collaboration to Help Assure Drinking Water is Safe from Lead

GAO-20-597

GAO Highlights

Highlights of GAO-20-597, a report to congressional requesters

September 2020

CHILD CARE FACILITIES

Federal Agencies Need to Enhance Monitoring and Collaboration to Help Assure Drinking Water is Safe from Lead

Why GAO Did This Study

Children who are exposed to lead can experience serious developmental delays. Many young children spend significant amounts of time in child care settings. GAO was asked to review efforts to address lead in drinking water at child care facilities.

This report discusses (1) how OCC oversees and supports states' use of Child Care and Development Fund funding to determine that drinking water in child care facilities is safe from lead, (2) how OHS ensures Head Start grantees provide drinking water that is safe from lead, and (3) the extent to which EPA collaborates with OCC and OHS to support lead testing in child care facilities. GAO reviewed relevant laws, regulations and documents, and conducted a generalizable survey of 762 Head Start centers. To obtain information on lead testing and remediation, GAO also visited or interviewed 11 child care providers and Head Start grantees in four states that were selected for geographic variation and the presence of state laws for lead in drinking water.

What GAO Recommends

GAO is making four recommendations, including that OHS require grantees to document that water provided to children is safe from lead, and for EPA and HHS to improve their collaboration. HHS concurred with our recommendations. EPA neither agreed nor disagreed with our recommendations but said it believed they were redundant with existing activities. GAO continues to believe these recommendations are warranted.

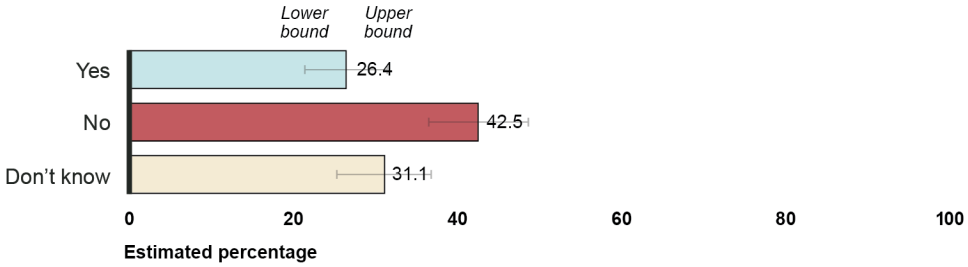
View GAO-20-597. For more information, contact Jacqueline M. Nowicki at (617) 788-0580 or nowickij@gao.gov.

What GAO Found

The Department of Health and Human Services' (HHS) Office of Child Care (OCC) provides states with resources and technical assistance to help determine if drinking water in child care facilities is safe from lead. However, the office does not require that drinking water be tested because there is no requirement to do so under the OCC-administered Child Care and Development Block Grant, a key federal funding source for states to subsidize child care. Nonetheless, some states require child care providers to test their drinking water for lead.

HHS's Office of Head Start (OHS) has performance standards that require grantees to provide safe drinking water to children, but OHS does not ensure grantees comply with them. For example, OHS does not require grantees to test their water or document that it is safe from lead, nor does OHS check grantees' compliance with this standard during monitoring reviews. According to an OHS official, the office limits the number of standards it monitors to more efficiently use its limited resources. However, without documentation, OHS does not have reasonable assurance that Head Start grantees provide safe drinking water. In fact, an estimated 43 percent of Head Start centers had not tested their drinking water for lead in late 2018 or 2019, and 31 percent did not know whether they had tested, according to GAO's nationwide survey. (See figure.)

Estimated Percent of Head Start Programs That Tested Centers' Drinking Water for Lead



Source: GAO survey of Head Start centers. | GAO-20-597

Note: These results are generalizable to the population of Head Start centers that receive their water from a public water system. A majority of Head Start centers (an estimated 84 percent) receive their water from these systems. GAO's survey was administered from October 2019 to January 2020 and asked Head Start centers to report information based on the 12 months prior to completing the survey. The thin bars display the 95 percent confidence intervals for each estimate.

The Environmental Protection Agency (EPA) has awarded grants to help child care facilities test for lead in drinking water, but has not taken sufficient action to ensure its 2019 Memorandum of Understanding (MOU) with OCC and OHS, which encourages lead testing, is being executed. EPA officials said they plan to meet semi-annually, in part to track progress toward achieving the MOU's outcomes. However, EPA has not yet reached agreement with its MOU partners regarding their roles and responsibilities, nor determined how it will routinely update and monitor the MOU. Without these actions, EPA, OCC, and OHS efforts are lacking practices identified as critical to effective interagency collaboration, according to GAO's prior work.

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Abbreviations

3Ts guidance	3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities
CCDF	Child Care and Development Fund
CCDBG	Child Care and Development Block Grant
CDC	Centers for Disease Control and Prevention
CFOC	Caring for Our Children: National Health and Safety Performance Standards
EPA	Environmental Protection Agency
HHS	Department of Health and Human Services
LCR	Lead and Copper Rule
MOU	Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities
OCC	Office of Child Care
OHS	Office of Head Start
WIIN	Water Infrastructure Improvements for the Nation Act

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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September 28, 2020

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Brian Schatz
United States Senate

Reports of lead-contaminated drinking water in Flint, Michigan and Newark, New Jersey, and in other places around the country, have raised public awareness about the dangers that lead exposure poses to public health, especially to young children. Children are at particular risk from lead, even at low levels, because their growing bodies absorb more lead than adults. According to the Centers for Disease Control and Prevention (CDC), elevated blood lead levels have been linked to anemia, kidney and brain damage, learning disabilities, and decreased growth. Many young children spend significant amounts of time in child care settings, and according to the Environmental Protection Agency (EPA), child care facilities, among other types of buildings, may have a higher potential for elevated lead levels in their drinking water from being closed over weekends, holidays, and extended breaks during which lead in pipes and other fixtures can leach into the water. The prolonged shutdowns due to the COVID-19 pandemic raise similar concerns.

According to the EPA, no federal law exists that requires testing of drinking water in child care facilities, although, as of May 2020, agency officials confirmed that at least 11 states and the District of Columbia had such requirements.[1, 2] In November 2019, EPA proposed regulations that would require community water systems to test for lead in school and

[1]EPA set national standards to reduce lead in drinking water with its Lead and Copper Rule (LCR), which applies to all water systems providing drinking water to most of the U.S. population, except places where people do not remain for long, such as campgrounds. See 40 C.F.R. pt. 141, subpt I. Child care facilities, including Head Start centers, which have their own water supply (such as a well) are regulated under the LCR.

[2]The 11 states are California, Connecticut, Illinois, Maine, New Hampshire, New Jersey, North Carolina, Oregon, Rhode Island, Vermont, and Washington.

child care facility drinking water, but to date EPA has not yet finalized them.[3]

The Department of Health and Human Services' (HHS) Office of Child Care (OCC) and Office of Head Start (OHS) oversee the two largest federal programs for child care and early education. OCC oversees the Child Care and Development Fund (CCDF) and OHS oversees the Head Start program. However, little is known about the extent to which CCDF-funded child care providers or Head Start programs test for lead in their drinking water.

You asked us to review efforts federal, state, and local entities are taking to test for and remediate lead in drinking water in child care settings. This report examines (1) how OCC oversees and supports states' use of CCDF funding to determine that drinking water in child care facilities is safe from lead, (2) how OHS ensures Head Start grantees provide drinking water that is safe from lead, and (3) the extent to which EPA collaborates with OCC and OHS to support lead testing in child care facilities.

To address our first objective, we reviewed the Child Care and Development Block Grant (CCDBG) Act of 1990, as amended, CCDF program regulations,[4] and Caring for Our Children guidance.[5] We interviewed state officials and child care providers in Illinois, New Jersey, Rhode Island, and Washington. We chose these states because they are among those that require child care providers to test their drinking water

[3]These provisions are part of EPA's proposed revisions to the LCR. National Primary Drinking Water Regulations: Proposed Lead and Copper Rule Revisions, 84 Fed. Reg. 61,684 (Nov. 13, 2019).

[4]See 42 U.S.C. §§ 9857 – 9858r; 45 C.F.R. part 98.

[5]*Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 4th edition,* is a large collection of voluntary national standards that represent best practices for health and safety practices and policies for early care and education settings. It was developed by the American Academy of Pediatricians, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

for lead and because they vary in size and geographic location.[6] We interviewed officials in these states about state requirements related to lead in child care facility drinking water, communication and public notification about testing and remediation efforts, and state-level collaboration. In addition, we interviewed CCDF-funded child care providers about their efforts to test for and remediate lead in drinking water as well as testing, remediation, awareness of guidance, and any assistance they may have received from local, state, and federal agencies. We interviewed and obtained written responses from OCC officials in headquarters as well as in regional offices, which correspond with the states we selected, regions 1, 2, 5, and 10.

To address our second objective, we reviewed the Head Start Act, as amended, and Head Start program regulations, which OHS refers to as the Head Start Program Performance Standards (performance standards).[7] We interviewed OHS officials in headquarters and regions 1, 2, 5, and 10, and Head Start program personnel in our selected states. In addition, we conducted a nationally representative survey of Head Start centers. We drew a stratified, random sample of 762 Head Start centers, and from October 2019 to January 2020 administered a web-based survey on whether centers tested for and remediated lead in drinking water. The response rate is 69 percent.[8] Based on our nonresponse bias analysis and resulting analysis weights, estimates from the survey results are generalizable to the national population of eligible Head Start centers. (See appendix II for our survey questions and response data.)

To address our third objective, we reviewed EPA guidance, including the *3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities; the Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities* (MOU);

[6]We reviewed information from the Environmental Defense Fund to determine which states require child care facilities to test for lead in drinking water. See https://www.edf.org/health/child-care-lead-water-requirements accessed on Jan. 29, 2019. We then verified this information—the states that require child care facilities to test for lead—with all EPA regional offices. GAO did not conduct an independent review of state requirements.

[7]For the Head Start Act, as amended, see 42 U.S.C. §§ 9831 – 9852c. For Head Start Program Performance Standards, see 45 C.F.R. §§ 1301-1305.

[8]This is the unweighted response rate. The weighted response rate is 73 percent. The analysis weights are sample weights that are adjusted for potential nonresponse bias as outlined in appendix I.

documentation related to grants awarded by EPA pursuant to Section 2107 of the Water Infrastructure Improvements for the Nation Act (WIIN Act) for the purposes of lead testing; and other documentation related to federal collaboration.[9] We interviewed and obtained written responses from EPA officials (in headquarters and regions 1, 2, 5, and 10) about EPA's guidance, grants, and collaboration efforts. We evaluated EPA's collaboration efforts in relation to the actions prescribed in the MOU and selected leading practices—chosen because they were most relevant for evaluating EPA's efforts—for interagency collaboration identified in prior GAO work.[10]

To inform all of our objectives, we interviewed representatives from organizations selected for their expertise on lead in child care facilities: Environmental Defense Fund, Environmental Law Institute, National Head Start Association, and Pennsylvania State University. We also interviewed representatives from Elevate Energy and Illinois Action for Children, two non-profit organizations based in Chicago that assisted child care providers as they tested for and remediated lead in their drinking water.

Appendix I contains a more detailed description of our objectives, scope, and methodology.

We conducted this performance audit from January 2019 to September 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[9]Pub. L. No. 114-322, § 2107, 130 Stat. 1628 (2016).

[10]See GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, GAO-12-1022 (Washington, D.C.: Sept. 27, 2012). Also see GAO, *Managing for Results: Implementation Approaches Used to Enhance Collaboration in Interagency Groups*, GAO-14-220 (Washington, D.C.: Feb. 14, 2014).

Background

Presence of Lead in Drinking Water

Lead can enter drinking water when service lines or plumbing fixtures that contain lead corrode, especially when the water has high acidity or low mineral content. According to the EPA, lead typically enters drinking water as a result of the water's interaction with lead-containing plumbing materials and fixtures within a building.[11] Although lead pipes and lead solder were not commonly used after 1986, water fountains and other fixtures were allowed to be composed of up to 8 percent lead until 2014. Consequently, both older and newer buildings can have lead in drinking water. The best way to know if a facility's water is contaminated with lead is to test the water after it has gone through a facility's pipes, faucets, and other fixtures. The WIIN Act was enacted in 2016 and, among other things, requires EPA to establish a voluntary lead testing grant program to make grants to states to assist local educational agencies in voluntary testing for lead contamination in drinking water at schools and child care facilities.[12] The process to test drinking water for lead involves several steps, including taking samples and having them analyzed by a laboratory. The cost of testing for a typical child care facility could be a few hundred or a few thousand dollars, depending on factors such as how many buildings the facility operates and how many facilities have to be tested.

Federal Programs

EPA

EPA facilitates collaboration across the federal government to test for and remediate lead in schools and child care facilities. The EPA Administrator and Secretary of HHS co-chair the President's Task Force on Environmental Health Risks and Safety Risks to Children (Task Force), which is comprised of 17 federal departments and offices and is the focal point for federal collaboration to promote and protect children's environmental health.[13] The Task Force developed a plan to help federal agencies work strategically and collaboratively to reduce exposure to lead and improve children's health.[14] EPA also led the development and

[11]For example, brass faucets and fixtures with lead solder may contain significant amounts of lead that can enter the water, especially hot water.

[12]Pub. L. No. 114-322, § 2107, 130 Stat. 1628, 1727-28 (2016).

[13]The Task Force was established in 1997 by Executive Order 13045.

[14]See https://ptfceh.niehs.nih.gov/activities/lead-exposures/index.htm accessed on March 28, 2019.

signing of a Memorandum of Understanding in 2005 to facilitate efforts among federal agencies and other entities to conduct outreach and provide tools to promote testing for and remediating lead in schools and child care facilities. However, in 2018 we found that EPA generally did not collaborate with the Department of Education to support state and school district testing efforts.[15] In response, EPA has renewed its efforts to collaborate with a variety of federal agencies and stakeholder organizations.

As part of EPA's mission to inform the public about environmental risks, the agency developed voluntary guidance for schools and child care facilities on how to test for and remediate lead in their drinking water. EPA updated the guidance—known as the *3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities: A Training, Testing, and Taking Action Approach*—in 2018.[16]

EPA's Lead and Copper Rule (LCR) requires water systems to monitor drinking water at customers' taps and, if lead levels are higher than the LCR allows, to take additional actions to control corrosion, inform the public, and in some circumstances replace lead service lines under the systems' control.[17] Most schools and child care facilities are not themselves subject to the LCR but receive water from regulated water systems. In 2019, EPA proposed revisions to the LCR that, among other things, would require community water systems to test for lead in school and child care facility drinking water in their service areas.[18]

[15]GAO, *K-12 Education: Lead Testing of School Drinking Water Would Benefit from Improved Federal Guidance*, GAO-18-382 (Washington, D.C.: July 5, 2018).

[16]This guidance provides information on 1) training child care providers, 2) testing drinking water in child care facilities, and 3) taking action to reduce lead in child care facilities. EPA's 3Ts guidance provides recommendations and suggestions for how to address lead in school and child care facility drinking water, but does not establish requirements for schools and child care facilities to follow. See https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water-toolkit accessed on March 28, 2019.

[17]40 C.F.R., Part 141, Subpart I. EPA issued the LCR under the Safe Drinking Water Act. The LCR, first promulgated in 1991 and revised in 2000 and 2007, applies to water systems serving about 312 million people, most of the U.S. population. EPA regulations require sampling efforts to generally prioritize single family homes with lead pipes or served by lead service lines, and do not specifically require the testing of child care centers. See 40 C.F.R. § 141.86(a)(3) - (7).

[18]84 Fed. Reg. 61,684, 61,769 (Nov. 13, 2019).

HHS

HHS's CCDF and Head Start programs, both of which are administered by the Administration for Children and Families, are governed by different laws and have different purposes (see table 1).

Table 1: Information about HHS's Child Care and Development Fund and Head Start Grants

	Child Care and Development Fund (CCDF)[a]	Head Start Grants
Administering Office	Office of Child Care	Office of Head Start
Purpose and Function	Provides support to states for subsidizing child care costs for low-income children and their families and improving child care quality	Delivers comprehensive educational and other services to low-income families and their children[b]
Relevant Statute	Child Care and Development Block Grant Act of 1990, as amended (CCDBG)[c]	Head Start Act, as amended[d]
Grant Type	Block grant	Competitive grant
Grant Fund Amount (fiscal year 2019)	$8.2 billion	$10.1 billion
Eligible Grantees	States, territories, and tribal governments	Public and private nonprofit and for-profit organizations, school districts
Number of Grantees[e]	56	1,600 (approximately)
Number of Children Served[f]	1.3 million	873,019
Service Locations	Child care centers, family child care homes, relatives, and faith-based providers, among others	Centers, schools, and homes

Source: GAO summary of information from the Department of Health and Human Services and Congressional Research Service. | GAO-20-597

[a]The CCDF is made up of two funding streams: 1) discretionary funding authorized by the CCDBG, and 2) mandatory and matching funding (entitlement funds) authorized by Section 418 of the Social Security Act. The entitlement funds are combined with CCDBG discretionary amounts at the state level. In combination, these funds are referred to as CCDF.

[b]These services include Early Head Start services to infants and toddlers under age 3 as well as pregnant women, and Head Start services to preschool children ages 3 to age of compulsory school attendance (which varies by state).

[c]42 U.S.C. §§ 9857 – 9858r.

[d]42 U.S.C. §§ 9831 – 9852c.

[e]The number of CCDF grantees is from fiscal year 2019 and includes the 50 states, District of Columbia, and U.S. territories. In addition, 243 tribal governments are CCDF grantees. The number of Head Start grantees is from fiscal year 2019.

[f]The CCDF child count is from fiscal year 2018 and represents the average number of children served each month. The Head Start child count is from fiscal year 2019 and represents the actual number of children and pregnant women that Head Start programs served that program year.

The law authorizing discretionary funding for the CCDF—the Child Care and Development Block Grant (CCDBG) Act of 1990, as amended—requires states, in order to be eligible to receive grant funding, to submit a plan that addresses the law's requirements. Among other things, the plan must certify that the state has requirements taken from 11 broad areas for child care providers designed to protect the health and safety of children,

including building and physical premises safety.[19] However, the statute does not prescribe the specific health and safety requirements that apply to CCDF-subsidized child care providers. Under the law, states must conduct annual inspections of providers for compliance with all state licensing standards.[20] Through document reviews and onsite interviews, OCC monitors state compliance with the program requirements by reviewing and approving states' CCDF plans and assessing their processes for monitoring child care providers.

Head Start agencies that provide services to children and families must meet the requirements of the Head Start Act and the Head Start performance standards. The Head Start performance standards define standards and minimum requirements for all Head Start services, such as program governance and program operations. The Head Start performance standards as well as Head Start policy for child nutrition state that grantees must make safe drinking water available to children.[21] Moreover, grantees are generally expected to comply with any state or local licensing requirements for operating a child care facility, which may also include requirements for providing safe drinking water or testing for lead in drinking water.[22] OHS's primary mechanism for monitoring grantee performance is the Head Start monitoring system, which assesses grantee compliance with the Head Start Act, the Head Start performance standards, and other regulations, according to OHS.[23] OHS also collects self-reported information annually from all grantees on a standard set of questions through the Program Information Report.

[19]42 U.S.C. § 9858c(c)(2)(H)(ii)(I).

[20]42 U.S.C. § 9858c(c)(2)(K)(i)(II)(bb). To help protect children in child care, states regulate child care providers by licensing them and establishing various requirements that they must meet to operate legally in the state.

[21]45 C.F.R. § 1302.44(a)(2)(ix).

[22]45 C.F.R. § 1302.21(d)(1).

[23]The Head Start monitoring system consists of monitoring reviews, which are divided into two focus areas. Focus Area One is to conduct an off-site review of each grantee's program design, management, and governance structure. Focus Area Two is to assess each grantee's performance and to determine whether grantees are meeting the requirements of the Head Start performance standards, Uniform Guidance, and Head Start Act. For more about OHS's monitoring process, see GAO, *Head Start: Action Needed to Enhance Program Oversight and Mitigate Significant Fraud and Improper Payment Risks*, GAO-19-519 (Washington, D.C.: Sept. 13, 2019).

In the Absence of Federal Requirements, OCC Uses State-Specific Requirements for Lead Testing and Provides Technical Assistance on Safe Drinking Water

Child Care and Development Fund (CCDF) Regulations Require States to Establish Health and Safety Standards for Providers but Not to Specifically Test for Lead

Neither the Child Care and Development Block Grant Act (CCDBG Act) nor CCDF regulations require states to test for lead in drinking water in child care facilities, nor specify any requirement about safe drinking water. In addition, states have discretion as to whether, as part of their CCDF state plan, they require child care facilities to test for lead, including facilities receiving funding from CCDF, according to Office of Child Care (OCC) officials we interviewed. However, if a state requires child care providers to test their drinking water for lead, this may be reflected in the state's CCDF plan, which OCC reviews and approves and would use when monitoring the state for compliance with CCDF. Therefore, in states that require child care providers to test their drinking water for lead, OCC holds states accountable for meeting them.

The preamble to the 2016 final rule amending CCDF regulations (final rule) encourages states to use *Caring for Our Children Basics* when developing their minimum health and safety standards.[24] *Caring for Our Children Basics* is based on *Caring for Our Children: National Health and Safety Performance Standards* (CFOC). CFOC includes a standard on testing for lead and copper in child care facility drinking water (see sidebar), however, this standard is not in *Caring for Our Children Basics*. However, the preamble to the final rule encourages states to go beyond basic standards outlined in the rule and to develop a "comprehensive and

[24]81 Fed. Reg. 67,438, 67,484 (Sept. 30, 2016). This report only discusses requirements regarding lead testing.

robust" set of health and safety standards based on CFOC, which includes testing for lead in drinking water.[25]

Caring for Our Children: National Health and Safety Performance Standards

Standard 5.2.6.3: Testing for Lead and Copper Levels in Drinking Water

- Drinking water, including water in drinking fountains, should be tested and evaluated in accordance with the assistance of the local health authority or state drinking water program to determine whether lead and copper levels are safe.

Source: Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 4th edition. | GAO-20-597

OCC officials said that their current regulations for state CCDF plans do not specifically mandate or mention testing for lead in drinking water. While they acknowledged that they could propose new regulations to require states (as a condition of receiving CCDF funding) to mandate that CCDF-funded providers test for lead in drinking water, an OCC senior official expressed reservations with such an approach. OCC officials explained that states already struggle to comply with the many new requirements under the most recent reauthorization of the CCDBG Act, and noted that many family child care providers are already unable to stay in business, and adding new requirements, such as lead testing, might lead more providers to close.[26]

OCC Makes Resources and Technical Assistance about Lead Available to States

To assist states in administering CCDF, OCC provides resources and technical assistance on many topics, including some general resources about lead. For example, OCC's Child Care Technical Assistance website has information for child care providers on the harmful effects of lead.[27] In addition, officials in HHS's region 2 office said they have provided information about EPA's 3Ts guidance and held a webinar on lead in drinking water for child care providers (mostly located in Long Island and New York City) after Hurricane Sandy in 2012. In general, OCC officials explained that their technical assistance system, in concert with OCC's regional offices, focuses on resources and information that states identify as important to them. As such, over the past few years, OCC has focused on how to comply with the many new requirements in the CCDBG Act of 2014 and the CCDF Final Rule of 2016.[28] OCC officials also said that

[25]81 Fed. Reg. 67,438, 67,484 (Sept. 30, 2016).

[26]Officials stated that as of January 2020, 12 states were out of compliance with CCDF health and safety requirements.

[27]See https://childcareta.acf.hhs.gov/ accessed on March 17, 2020. The resource is entitled "Handling, Storing, and Disposing of Hazardous Materials and Biological Contaminants." OCC also administers the Early Childhood Training and Technical Assistance System, which offers CCDF administrators information, tools, training, and other support. Many of these tools and resources as well as data from the system can be found on the Child Care Technical Assistance website, among other websites.

[28]The Child Care and Development Block Grant Act of 2014 reauthorized and amended the CCDBG Act of 1990 and included new requirements that states must meet. See GAO, *Child Care and Development Fund: Subsidy Receipt and Plans for New Funds*, GAO-19-222R (Washington, D.C.: Feb. 15, 2019).

state officials generally have not expressed a need for more information on lead testing and remediation.

Among States Requiring Lead Testing, Specific Requirements Varied

Lead testing requirements for child care providers among our four selected states varied in terms of the type of child care facilities included, testing frequency, action level, and parental notification (see table 2).

Table 2: Highlights of Selected States' Requirements for Lead Testing in Child Care Facility Drinking Water

State	Type of Facilities Included[a]		Testing Frequency	Lead Level for Taking Remedial Action (parts per billion)	Parental Notification
	Child care centers	Family child care homes			
Illinois	Yes	Yes	Once[b]	2.01 ppb	Yes, by posting in the facility
New Jersey	Yes	No	At license renewal or facility relocation	15 ppb	Yes, no format specified
Rhode Island	Yes	Yes	At license renewal but only if changes made to plumbing system	15 ppb	No
Washington	Yes	Yes	Every 6 years	EPA Action Level[c]	Yes, no format specified; not required if results are below the EPA Action Level

Source: GAO summary of requirements from selected states and interviews with state officials. | GAO-20-597

[a]States vary in how they define different types of facilities. We used terms that most closely represent the facilities identified in requirements in the states we selected.

[b]If the facility discovers an elevated level of lead and takes remedial action, the facility must conduct additional testing. After remediating and achieving two consecutive test results lower than 2.01 ppb, further testing is only required if there has been any change in the building's water system, such as replacement of the hot water heater or changing the water service lines.

[c]Washington's requirement states that child care facilities should use the EPA Action Level to determine whether to take remedial action. However, EPA does not specify an action level for child care facilities.

Officials in all four states described ways they helped child care providers comply with state requirements. For example, an official with the Illinois Department of Children and Family Services explained that the state provided training about lead to child care providers and planned to work with a non-profit organization to add additional training. The official added that the agency generally does not provide technical assistance on lead testing, because it is not the agency's area of expertise, or on remediation, because of concerns about liability. Instead, the official said they included information on their agency's website from the state's public

health department. Washington state officials told us they developed guidance based on EPA's 3Ts guidance and posted it on their website to help child care providers know how to test drinking water and how to find a laboratory to assist them and analyze the results. They also said they provided training for licensors and providers over a 6-month period on the new state requirements.

None of the four states provides financial assistance for lead testing, but two described related efforts. Illinois is collaborating with the city of Chicago to establish a grant program for child care providers, and the New Jersey Department of Environmental Protection makes grants of approximately $1,200 to $1,500 to help child care centers comply with a related state requirement on environmental site assessments.

OHS Does Not Have Reasonable Assurance that Head Start Grantees Provide Drinking Water That is Safe from Lead

Head Start Requires Grantees to Provide Safe Drinking Water to Children, but Does Not Require That They Test Their Water for Lead

The Head Start performance standards address various aspects of children's health and safety, including a specific standard that requires grantees to provide safe drinking water to children enrolled in a Head Start program. However, officials said OHS does not specifically direct Head Start grantees to test their centers' water for lead, or any other toxins, nor does it collect documentation from Head Start grantees as to how they ensure that the water is safe. The performance standards also require that Head Start grantees meet state and local child care licensing requirements. OHS officials said if a grantee operates in a state or locality where licensure requires child care providers to test for and remediate lead in drinking water, then the grantee has to meet that requirement to comply with the performance standards.

To document compliance with Head Start performance standards and other requirements, OHS conducts on-site monitoring of selected grantees. OHS officials explained that grantees are expected to comply with all the performance standards, but that they do not monitor for compliance with all standards, including the one that requires grantees to

provide safe drinking water. An OHS official told us that OHS has decided to focus its monitoring efforts on selected standards to more efficiently use its limited resources. In doing so, the official explained that OHS decided to leave certain public health issues, such as lead in drinking water, up to Head Start programs to address through meeting other requirements.[29] Therefore, review teams do not ask grantees for documentation certifying that the water is safe to drink unless a concern about the water is brought to the review team's attention in some way, according to an OHS official. Without requiring grantees to provide documentation showing that their water is safe to drink, OHS cannot determine whether Head Start programs provide unsafe drinking water, including water that contains elevated levels of lead.

An Estimated 43 Percent of Head Start Centers Receiving Water from a Public Water System Did Not Test for Lead

The large majority of Head Start centers – an estimated 84 percent – receive their water from a public water system.[30] We surveyed these centers to determine the extent to which they were testing their drinking water for lead on their own. An estimated 26 percent of Head Start centers tested for lead in their drinking water in the 12 months prior to receiving our survey and an estimated 43 percent did not (see fig. 1).[31, 32] Some respondents provided additional information that could explain why they had not tested. For example, several indicated that they tested their drinking water for lead sometime within the last 2 to 6 years.

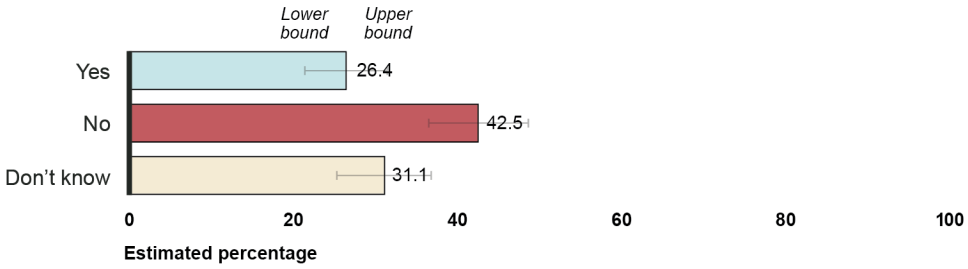
[29]Grantees are responsible for meeting additional federal, state, and local requirements, such as state licensing requirements and county health regulations, for which monitoring is also done.

[30]The 95 percent margin of error for this estimate is plus or minus 4.6 percentage points. Unless otherwise noted, our survey refers to the population of Head Start centers that receive water from a public water system. For the purposes of this report, we use the term "Head Start" to refer to both Head Start and Early Head Start, unless otherwise specified. In addition, we use the term "centers" to include various Head Start facilities, such as Head Start centers, family child care homes that provide Head Start services, and Head Start programs located in school buildings.

[31]The 95 percent margin of error for these estimates is within plus or minus 5.1 and 6.1 percentage points, respectively.

[32]The remaining estimated 31 percent of Head Start centers (plus or minus 5.9 percentage points at the 95 percent confidence level) did not know if they tested their drinking water for lead in the 12 months prior to receiving our survey. Some respondents provided additional information that could explain why they did not know if they tested. For example, several respondents said that because they were located in a school building or rented the facility, they were not responsible for lead testing.

Figure 1: Estimated Percent of Head Start Programs That Tested Their Centers' Drinking Water for Lead



Source: GAO survey of Head Start centers. | GAO-20-597

Note: These results are generalizable to the population of Head Start centers that receive their water from a public water system. A majority of Head Start centers (an estimated 84 percent) receive their water from these systems. GAO's survey was administered from October 2019 to January 2020 and asked Head Start centers to report information based on the 12 months prior to their completing the survey. The thin bars display the 95 percent confidence intervals for each estimate.

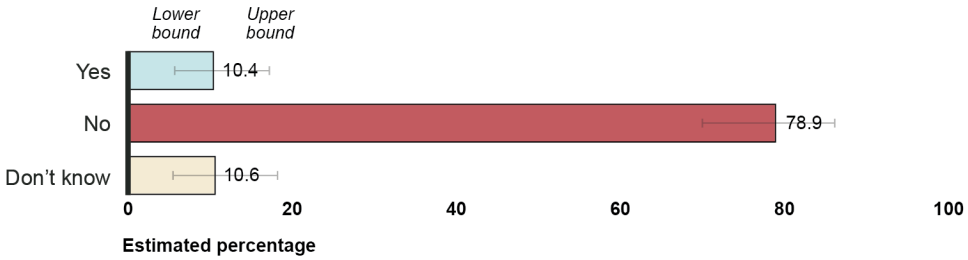
Even in states with requirements to test for lead in drinking water,[33] we found an estimated 33 percent of Head Start centers did not test for lead in the 12 months prior to receiving our survey.[34] As a result, even in states that require testing, OHS does not have reasonable assurance that grantees are testing their drinking water to ensure it is safe.

According to our survey, among Head Start centers that tested for lead in their drinking water, most did not find lead in the 12 months prior to receiving our survey (see fig. 2), and all of those that did find lead indicated taking action to remediate it.

[33]At the time we sampled Head Start centers for our survey, we knew of eight states that had requirements to test for lead in drinking water: California, Connecticut, Illinois, New Hampshire, New Jersey, Oregon, Rhode Island, and Washington. Since then, we determined that three additional states—Maine, North Carolina, and Vermont—and the District of Columbia have either incorporated requirements into existing rules or passed laws requiring child care providers to test their facilities' drinking water for lead. We did not include these three states or the District of Columbia in the category of states with testing requirements when we analyzed our survey results. We did not examine Head Start grantees' compliance with state legal requirements regarding testing for lead in drinking water.

[34]The 95 percent margin of error for this estimate is within plus or minus 8.9 percentage points. An estimated 38 percent of Head Start centers did test for lead, and the remaining estimated 29 percent did not know if they tested (plus or minus 9.1 and 8.6 percentage points, at the 95 percent confidence level, respectively). In addition, we analyzed survey data to compare results between centers that are among the largest 100 Head Start centers and all other centers and found there was no statistical difference in the percentage of centers that tested between these two groups.

Figure 2: Estimated Presence of Lead in Head Start Program Drinking Water, Among Centers that Tested



Source: GAO survey of Head Start centers. | GAO-20-597

Note: These results are generalizable to the population of Head Start centers that receive their water from a public water system. A majority of Head Start centers (an estimated 84 percent) receive their water from these systems. For Head Start centers that reported they discovered lead, the amount of lead discovered could have been above or below the level at which their state requires remedial action. GAO's survey was administered from October 2019 to January 2020 and asked Head Start centers to report information based on the 12 months prior to their completing the survey. The thin bars display the 95 percent confidence intervals for each estimate.

An Example of a Head Start Grantee Remediating Lead in Drinking Water

The grantee took action to remediate its water after finding high levels of lead. The grantee replaced the service line leading into one of its buildings from the water main and also replaced filters for faucets that tested above the state action level for lead. Program personnel said they took these actions with assistance from a Chicago-based non-profit organization and without its help, the grantee said they could not have afforded to replace the service line.

Source: Illinois Head Start grantee. | GAO-20-597

For example, respondents described actions such as flushing their pipes, installing filters, and notifying parents (see sidebar).

OHS Provides Resources on Lead to Head Start Grantees

OHS's Early Childhood Learning and Knowledge Center website contains various resources for Head Start grantees that provide information about lead.[35] Examples include:

- **Health and safety checklist.** Grantees are to complete this document at the start of their grant period or at the start of the

[35]See https://eclkc.ohs.acf.hhs.gov/ accessed on March 17, 2020. OHS's website provides Head Start and Early Head Start grantees, regional offices, and parents and families, among other stakeholders, with a platform for sharing and learning about Head Start-related information and topics. It also connects grantees to EPA web pages and documents about lead. For example, we found that the website links to an EPA web page titled "Daycare and Classroom Outreach Materials" on lead poisoning symptoms and sources of lead in the home.

program or school year to assess their environment and ensure children's health and safety. The checklist includes best practices and Head Start performance standards requirements, including that grantees should provide clean, accessible, sanitary drinking water in indoor and outdoor areas.

- **Head Start Design Guide.** This guide, which focuses on planning and designing Head Start centers, discusses lead testing of water after new or major renovation projects.[36] Specifically, it says that water in buildings over 25 years old should be tested annually, using guidance in the EPA pamphlet *Lead in School's Drinking Water*, issued in January 1989.[37] The guide says that if lead exceeds safe levels, the affected water supply must not be used, and mitigation actions must be taken immediately. According to our survey, almost three-quarters of Head Start centers reported familiarity with the *Head Start Design Guide*.[38]
- **Lead poisoning prevention web page.** This web page has several documents to help Head Start grantees learn about lead screening in children and ways to meet the Head Start performance standards' lead screening requirement.[39] This web page also lists additional documents for grantees, including one on how parents can create a home free from lead-based paint and mold, among other hazards.

In addition, an OHS official explained that regional specialists provide technical assistance to grantees, which could focus on lead if requested.

[36]Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Head Start Bureau, *Head Start Design Guide: A Guide for Building a Head Start Facility* (Arlington, VA: 2005). This guide contains suggested guidelines for planning and designing Head Start centers and is intended for use both in developing new centers and expanding or renovating existing centers.

[37]Since the Office of Head Start issued the *Head Start Design Guide: A Guide for Building a Head Start Facility* in 2005, EPA developed additional guidance—*3Ts for Reducing Lead in Drinking Water in Schools: Revised Technical Guidance* (2005). EPA revised this guidance in 2018 to include child care facilities, and it is now titled *3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities: A Training, Testing, and Taking Action Approach Revised Manual*.

[38]The 95 percent margin of error for this estimate is within plus or minus 5 percentage points.

[39]Department of Health and Human Services, Office of Head Start, *Lead Poisoning Prevention*, last updated Nov. 14, 2019; https://eclkc.ohs.acf.hhs.gov/physical-health/article/lead-poisoning-prevention accessed on March 17, 2020.

OHS also jointly administers the National Center on Early Childhood Health and Wellness,[40] which has a webinar on lead poisoning prevention that mentions testing for lead in drinking water but provides no information on how to test or remediate.[41]

EPA Awarded Grants to Test for Lead in Child Care Facility Drinking Water but Needs to Collaborate Further with OHS and OCC

In 2018, EPA established the Voluntary Lead Testing in School and Child Care Program Drinking Water Grant Program and has awarded grants to most states.[42] EPA required states that were interested in receiving a grant to submit a plan and other documents, which EPA reviewed before states applied for their grants. EPA began approving grant applications in October 2019 and, as of June 2020, had awarded approximately $39 million in grants to 48 states and the District of Columbia, and was in the process of making grant awards to the remaining two states. EPA plans to award another $26 million for new grants using funds appropriated for fiscal year 2020.

In September 2019, EPA updated its 2005 Memorandum of Understanding (MOU) to facilitate actions that reduce children's exposure to lead from drinking water at schools and child care facilities and to enhance coordination with its MOU partners. As part of the process to update the MOU, EPA met with HHS, other federal agencies, and stakeholder organizations such as the Association of State Drinking Water Administrators. Among other things, MOU partners agreed to facilitate efforts to provide safe drinking water to children, assist in developing lead testing programs by using EPA's 3Ts guidance, and collaborate with EPA in developing materials, training, and tools to assist schools and child care facilities in reducing lead in drinking water. (See appendix III for a copy of the MOU.)

[40]OHS, in collaboration with OCC and other entities, administers the National Center on Early Childhood Health and Wellness, which provides information and resources on a variety of health and safety topics, including lead. It also has a help desk that child care providers can call if they have questions about health and safety issues.

[41]The webinar is entitled "Lead and Our Children: The Role of Early Care and Education Programs." See https://eclkc.ohs.acf.hhs.gov/video/lead-our-children-role-early-care-education-programs, accessed on May 22, 2020.

[42]Section 2107 of the WIIN Act requires EPA to establish a voluntary lead testing grant program to make grants to states to assist local educational agencies in voluntary testing for lead contamination in drinking water at schools and child care facilities. Pub. L. No. 114-322, § 2107, 130 Stat. 1628 (2016).

Though EPA updated the MOU in September 2019, the agency has taken limited steps to implement it. Specifically, EPA officials told us they shared information about the 3Ts guidance with the MOU partners and created a plan to develop additional materials.[43] EPA officials said they plan to meet semi-annually, in part to track progress toward achieving the MOU's outcomes, but they have not yet reached agreement with MOU partners regarding their roles and responsibilities, nor determined how they will routinely update and monitor the MOU.[44] GAO has identified these practices as among those critical to effective interagency collaborative efforts.[45]

OCC and OHS officials are not moving forward with steps to highlight lead testing with states and grantees until they meet with EPA and resolve several coordination issues. Specifically, OCC officials told us they would like to share EPA's 3Ts guidance with their grantees and conduct a webinar on testing for lead in child care facility drinking water. However, they said they are waiting until they can coordinate their efforts with the broader efforts described above, and as agreed to by the MOU partners. Similarly, OHS officials told us they would like to share the 3Ts with their grantees, but before they do, they need information on how to respond to grantees' questions, such as how they will pay for testing. Moreover, an official explained that OHS is not prepared, without further direction from EPA and collaboration with other partners, to address any questions or speak effectively on lead testing of drinking water, explaining that OHS' expertise has more to do with blood lead levels in children than testing for lead in water. Until EPA agrees with OCC and OHS regarding their roles and responsibilities under the MOU, actions to highlight lead in drinking water for child care providers, including Head Start grantees, will likely continue to be delayed, limiting opportunities to reduce and mitigate the risk of young children being exposed to water with elevated levels of lead.

Moreover, EPA has not detailed its approach to track progress toward achieving the MOU's outcomes or determined how it will routinely update

[43]For example, EPA officials said they plan to develop information to help child care facilities know how to flush water from their plumbing system when buildings that have been closed are re-opened and a template to help child care facilities communicate testing results to parents.

[44]EPA planned a meeting in spring 2020, but the meeting was postponed until June 2020 because EPA had to redirect its efforts to address the coronavirus pandemic.

[45]GAO-12-1022 and GAO-14-220.

and monitor the MOU. EPA officials said their approach is to share information through future meetings that the agency is planning. EPA also expects to plan webinars and conference calls that can be shared with MOU partners and their audiences. However, EPA has not yet developed a plan or schedule of these activities so it can track progress toward achieving the MOU's outcomes, nor has the agency determined how it will monitor and routinely update the MOU. By taking these steps, EPA will be better positioned to achieve the MOU's outcomes and keep the MOU current, thereby enhancing efforts to test for lead in child care facilities.

Conclusions

Young children are particularly at risk of experiencing the adverse effects of lead exposure from a variety of sources, including drinking water. According to EPA, there is no federal law requiring lead testing for drinking water in most child care facilities, and some states and child care providers test for lead in their drinking water while others do not. As a result, there is variation across the country in terms of protecting children from lead exposure while in child care settings.

The OHS faces challenges in ensuring that Head Start programs offer children safe drinking water, including water that is safe from lead. Head Start grantees—nonprofit and for-profit organizations, school districts, and others—must meet all Head Start Program Performance Standards, including the safe drinking water provision. However, because OHS does not monitor grantee compliance with the safe drinking water standard nor ask grantees to provide documentation showing how they meet it, OHS cannot know if all of its Head Start grantees provide safe drinking water to children in their care. As a result, some young children receiving federally funded child care and early learning services are more protected against drinking water with elevated levels of lead, while others face an increased risk of exposure to this dangerous substance.

Although EPA has begun awarding grants to help states start testing for lead in some child care facilities' drinking water, coordinating the federal response with OCC and OHS has stalled. The updated MOU on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities is only as good as its execution, but all three agencies appear to be waiting for the other to take the first step. As the lead agency, EPA has primary responsibility. EPA has not yet reached agreement with OCC and OHS regarding their roles and responsibilities to implement the MOU, specified how it will track progress toward achieving the MOU's outcomes, or determined how it will routinely update and monitor the MOU. By taking these steps, EPA could provide direction to OCC and

OHS, thereby enabling their grantees to have the guidance they need to make decisions about testing in child care facilities and Head Start centers. In addition, EPA could better position itself to achieve all of the MOU's outcomes and ultimately reduce children's exposure to lead in drinking water.

Recommendations for Executive Action

To enhance efforts to help child care providers and Head Start grantees provide safe drinking water to children, we are making two recommendations to HHS and two recommendations to EPA:

- The OHS Director should require Head Start grantees to document that water provided to children has been tested for lead. OHS could determine various ways that are feasible and efficient for grantees to satisfy this requirement; for example, verification could be done through OHS' current grantee data collection or monitoring processes. (Recommendation 1)
- The Assistant Secretary for the Administration for Children and Families should direct OCC and OHS to develop an agreement with EPA on their roles and responsibilities in implementing the Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities. For example, these agreements may include the ways in which guidance and information will be shared with states and Head Start grantees, such as through webinars or email, and how frequently. (Recommendation 2)
- The Assistant Administrator of the Office of Water should develop an agreement with HHS's Offices of Child Care and Head Start on their roles and responsibilities in implementing the Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities. For example, these agreements may include the ways in which guidance and information will be shared with states and Head Start grantees, such as through webinars or email, and how frequently. (Recommendation 3)
- The Assistant Administrator of the Office of Water should direct the Office of Water to specify how it will track progress toward the outcomes of the Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities and determine how it will regularly monitor and update the MOU. For example, the Office of Water could develop performance measures for each of the MOU's outcomes. In addition, the Office of Water could submit annual reports on progress toward achieving the MOU's outcomes or it could plan to update the agreement at specific intervals. (Recommendation 4)

Agency Comments and Our Evaluation

We provided a draft of this report to HHS and EPA for their review and comments. In its comments, reproduced in appendix IV, HHS agreed with both recommendations.

- HHS concurred with our recommendation to require Head Start grantees to document that water provided to children has been tested for lead and noted this was consistent with the Head Start Program Performance Standards 45 C.F.R. §1302.44 (a)(2)(ix). HHS said it will develop mechanisms through monitoring, oversight, and technical assistance to support grantees in adhering to this regulation.

- HHS also concurred with our recommendation to develop an agreement with EPA regarding its roles and responsibilities in implementing the MOU to reduce lead levels in drinking water in schools and childcare facilities.

In its comments, reproduced in appendix V, EPA neither agreed nor disagreed with our recommendations and said that it considers them to be redundant with existing activities.

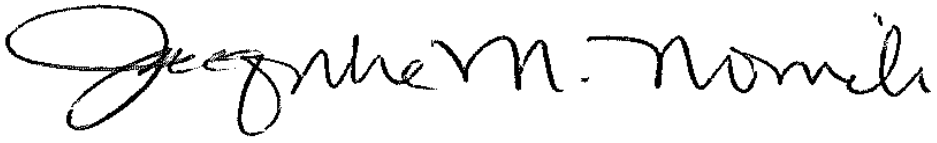
- Regarding our recommendation to agree on roles and responsibilities with HHS on implementing the MOU, EPA said that the MOU provides sufficient agreement between all partners concerning their roles and responsibilities. EPA's position is that the outcomes in the MOU make each agency's roles and responsibilities clear. EPA also said it has developed a workplan detailing the development of tools and materials for child care facilities and others to use in implementing lead reduction programs. We applaud EPA for helping to develop such educational materials. However, OCC and OHS officials stated they are not moving forward with steps to highlight lead testing with states and grantees until they and EPA resolve several coordination issues. Agreement on clear roles and responsibilities is a key step in successful interagency coordination, and HHS said it would find such clarification helpful. We continue to believe that our recommendation merits attention.

- In response to our recommendation that EPA track progress toward the outcomes of its MOU and regularly update it, EPA stated in its comment letter that it will leverage the 3Ts workplan process, WIIN Act grant requirements, and semi-annual MOU partners meetings to do so. EPA further stated the MOU already

allows for routine updates. EPA has not provided us with documentation about these efforts and it is not clear how metrics associated with the WIIN Act grant will inform progress in achieving the MOUs outcomes. Moreover, EPA did not hold its first MOU partners meeting until this audit surfaced communication challenges with and confusion among MOU partners. In addition, while EPA states that the MOU allows for routine progress updates, we note that EPA took nearly 15 years to update the 2005 MOU and only did so after our 2018 review of lead in school drinking water. Therefore, we continue to believe that the recommendation is warranted.

We will send copies to appropriate congressional committees, the Secretary of the Department of Health and Human Services, the Administrator of the Environmental Protection Agency, and other interested parties. In addition, the report will be available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (617) 788-0580 or nowickij@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix VI.



Jacqueline M. Nowicki, Director
Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

In this report we examined three objectives: (1) how the Office of Child Care (OCC) oversees and supports states' use of Child Care and Development Fund (CCDF) funding to determine that drinking water in child care facilities is safe from lead; (2) how the Office of Head Start (OHS) ensures Head Start grantees provide drinking water that is safe from lead; and (3) the extent to which the Environmental Protection Agency (EPA) collaborates with OCC and OHS to support lead testing in child care facilities.

To inform all our objectives, we reviewed relevant federal laws, regulations, written guidance, and websites; conducted interviews with federal agency officials; and interviews with selected state officials, child care providers and Head Start program personnel; and representatives of stakeholder organizations. In addition, to address our first objective, we reviewed state requirements and to address our second objective, we conducted a web-based survey of Head Start centers.[1]

Review of State Requirements

As part of our effort to address our first objective on states' use of CCDF funding to determine that drinking water is safe from lead, we reviewed requirements for child care facilities in selected states. EPA officials confirmed that, as of May 2020, at least 11 states—California, Connecticut, Illinois, Maine, New Hampshire, New Jersey, North Carolina, Oregon, Rhode Island, Vermont, and Washington—and the District of Columbia had requirements to test for lead in child care facility drinking water. We reviewed the relevant laws, regulations, and policy documents in four states with such requirements: Illinois, New Jersey, Rhode Island, and Washington.[2] We chose these states because they are among those that require child care providers to test their drinking water for lead and because they vary in size and geographic location. We then confirmed the details of the requirements in these four states with the appropriate state officials.

[1]For the purposes of this report, we use the term "Head Start" to refer to both Head Start and Early Head Start, unless otherwise specified. In addition, we use the term "centers" to include various Head Start facilities, such as Head Start centers, family child care homes that provide Head Start services, and Head Start programs located in school buildings.

[2]GAO did not conduct an independent search to determine which states had testing requirements to test for lead in child care facility drinking water.

Web-based Survey of Head Start Centers

To understand how OHS ensures Head Start grantees provide drinking water that is safe from lead,[3] we designed and administered a generalizable web-based survey of a stratified random sample of Head Start centers in the United States and five U.S. territories.[4] The survey included questions about Head Start center efforts to test for lead in their drinking water, such as whether they tested, if they discovered lead, and actions they took to remediate when lead was found. We also asked questions about whether parents and guardians were notified about the results of the testing and whether the center chose to share the results with OHS officials in a Department of Health and Human Services' (HHS) regional office.[5] Further, we asked about center staffs' familiarity with key Environmental Protection Agency (EPA) and HHS guidance, including the *3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities* and the *Head Start Design Guide: A Guide for Building a Head Start Facility*. Lastly, we asked centers if they had received technical assistance and what type from OHS officials in a regional HHS office. We directed the survey to the Head Start grantee point of contact for the selected center or centers, such as an executive director, and asked that they complete the survey or direct it to another cognizant official, such as the sampled center's facilities director. Appendix II includes the survey questions and estimates.

[3]The survey asked whether any of the Head Start centers received water from a public water system. If so, the center received additional questions related to lead in drinking water. Head Start centers that do not receive water from a public water system, but rather have their own water system, such as a well, are regulated under the Lead and Copper Rule and thus not part of our review for lead in drinking water. They were included for additional survey items, such as questions on lead-based paint.

[4]The Department of Health and Human Services' Regions 2 and 9 include U.S. territories. As part of our survey, in Region 2 we randomly selected centers in Puerto Rico; in Region 9 we randomly selected centers in American Samoa, Guam, Republic of Palau, and the Commonwealth of the Northern Marianas Islands.

[5]GAO did not analyze Head Start centers' compliance with any applicable state or local testing requirements.

We defined our target population to be all Head Start centers in the 50 states, the District of Columbia, and territories.[6] We used July 2019 Head Start grantee and center data pulled from the Head Start Enterprise System and 2018 grantee-level race and ethnicity data, the most recent available.[7] For the purposes of our survey, we limited our sample to Head Start centers that were located in HHS Regions 1-10 and providing services to enrolled children, either through Head Start or Early Head Start.

The resulting sample frame included 19,204 Head Start centers and we selected a stratified random sample of 762 Head Start centers. We stratified the sampling frame into mutually exclusive strata based on center size[8]; state testing requirements; whether a center is part of a single- or multiple-center grantee; and 2018 grantee-reported race and ethnicity counts. We selected the largest 100 Head Start centers with certainty. We determined the minimum sample size needed to achieve precision levels for percentage estimates of plus or minus 10 percentage points or fewer, at the 95 percent confidence level within each of the four reporting groups: single-center grantees, combined states with testing requirements, Hispanic majority grantees, and non-Hispanic majority grantees. In addition, within Hispanic majority and non-Hispanic majority groups, we allocate sample proportionately across groups based on race (White versus non-White majority) and size (smallest 50th percent versus largest 50th percent of centers) to assure representation of those groups. We then increased the sample size within each non-certainty stratum for an expected response rate of 55 percent in order to achieve the necessary number of completed surveys for our desired level of precision.

[6]For this review, we did not include American Indian/Alaska Native, Migrant and Seasonal Head Start, or interim grantees. We excluded American Indian/Alaska Native Head Start centers from our review because our focus is on state requirements. We also excluded the Migrant and Seasonal Head Start centers because they are unique to the population of children they serve. Lastly, we excluded interim grantees because this grantee is temporary–when a grantee relinquishes its grant or the grant is terminated, an interim provider is brought in until the grant is re-competed.

[7]Grantees submit the previous year's race and ethnicity data through the Program Information Report, in which grantees report on comprehensive data on services, staff, children, and families. When we requested Head Start grantee and center data in July 2019, 2018 race and ethnicity data were the most recent data available.

[8]For our survey, we used Head Start center slots as a proxy for a center's size for the stratum of the 100 largest Head Start centers. The Office of Head Start explained that information on slots at the center level (shown in table 3) are grantee-reported and may include slots that it does not fund.

We assessed the reliability of the Head Start grantee and center data by reviewing existing documentation about the data and interviewing agency officials. We determined they were sufficiently reliable for the purposes of our report.

We administered the survey from October 2019 to January 2020 (the survey asked Head Start centers to report information based on the 12 months prior to completing the survey). To obtain the maximum number of responses to our survey, we sent weekly automated reminder emails to non-respondents and contacted individual non-respondents by email. We identified 55 centers that we removed from the sample because, for example, a grant ended, a center stopped receiving funds, or the center stopped operating. Of the remaining 712 eligible sampled Head Start centers, we received responses from 493, resulting in an unweighted response rate of 69 percent and a weighted response rate of 73 percent.

We analyzed the response status to our survey to identify potential sources of nonresponse bias, in accordance with best practices in survey research as stated in Office of Management and Budget, Standards and Guidelines for Statistical Surveys (September 2006).[9] We examined the response propensity of sampled Head Start centers using both bivariate and multivariate logistic regression models, including several demographic characteristics available for both respondents and non-respondents. These characteristics included race and ethnicity, grantees that run single-center Head Start programs and grantees that run multi-center Head Start programs, whether the center is in a state that requires testing, center size (number of slots), and stratification that is a combination of these characteristics. We detected a significant association between the propensity to respond and each of the following: single- and multi-center grantees, by race, by ethnicity, and by stratification. We did not find a significant association between the propensity to respond and by state testing requirements or by center size. Because single- and multi-center status, race, and ethnicity are inputs to our stratification, we formed weighting class adjustments based on the strata. Specifically, we applied non-response adjustments to the sampling weights within each sampling strata to form non-response adjusted analysis weights used in our survey analyses. Based on the non-response bias analysis and resulting non-response adjusted analysis weights, we determined that estimates using these weights are

[9]Office of Management and Budget, *Standards and Guidelines for Statistical Surveys*, Directive No. 2 (September 2006).

generalizable to the population of eligible Head Start centers and are sufficiently reliable for the purposes of this report. (See table 3.)

Table 3: Description of Sample Frame, Stratification, and Sample Sizes for Stratified Random Sample of Head Start Centers

Stratum	Population size (number of Head Start centers)	Sample size	Number of completed surveys
Largest 100 (total slots)	100	100	72
Single-Center Grantee	318	137	62
State with Known Testing Requirement	4213	173	120
Multi-Center Grantee, Non-White Majority, Non-Hispanic Majority - Smallest 50% or missing	2979	46	31
Multi-Center Grantee, Non-White Majority, Non-Hispanic Majority - Largest 50%	3250	51	41
Multi-Center Grantee, White Majority, Non-Hispanic Majority, or missing – Smallest 50% or missing	3077	48	26
Multi-Center Grantee, White Majority, Non-Hispanic Majority - Largest 50%	2064	33	20
Multi-Center Grantee, Non-White Majority, Hispanic Majority - Smallest 50% or missing	1002	55	35
Multi-Center Grantee, Non-White Majority, Hispanic Majority – Largest 50%	743	40	26
Multi-Center Grantee, White Majority, Hispanic Majority – Smallest 50% or missing	578	31	23
Multi-Center Grantee, White Majority, Hispanic Majority – Largest 50%	880	48	37
Total	**19,204**	**762**	**493**

Source: GAO review of Office of Head Start data. | GAO-20-597

We took steps to minimize non-sampling errors, including pretesting draft instruments using a web-based administration system. We pretested the draft instrument from August to September 2019 with three different Head Start program personnel in cities and suburbs in two states. In the pretests, we asked about the clarity of the questions. OHS also reviewed the survey and had no comments or revisions. Based on feedback from the pretests, we made revisions to the survey instrument. To further minimize non-sampling errors, we used a web-based survey, which allowed respondents to enter their responses directly into an electronic instrument. Using this method automatically created a record for each respondent and eliminated the errors associated with a manual data entry process. We used non-response follow-up and non-response weighting adjustments to minimize non-response errors.

Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we

might have drawn. Since each sample could have provided different estimates, we express the precision of our particular sample's results as a 95 percent confidence interval (for example, plus or minus 10 percentage points). This is the interval that would contain the actual population value for 95 percent of the samples we could have drawn. As a result, we are 95 percent confident that each of the confidence intervals in this report will include the true values in the study population.

We analyzed responses to our survey using weighted survey estimates and their 95 percent confidence intervals for Head Start centers overall and for certain subgroups, when appropriate.[10] These included:

- States that do and do not have requirements to test for lead in drinking water;[11] and
- Largest 100 Head Start centers (based on total slots) and all other Head Start centers.

To analyze the differences in weighted survey estimates, such as the differences in survey estimates for two subgroups, we used confidence intervals to assure differences were statistically significant.[12]

Review of Federal Laws, Regulations, Written Guidance, and Agency Websites

To examine OCC, OHS, and EPA efforts related to testing for and remediating lead in child care facility drinking water, we reviewed relevant federal laws. These included the Head Start Act, as amended, Child Care and Development Block Grant Act of 1990, as amended, and the Water Infrastructure Improvements for the Nation (WIIN) Act; various program regulations; and guidance, such as the 3Ts guidance. We also reviewed documentation and agency websites, including

[10]Some survey items have fewer responses due to skip patterns which could not be controlled in our sample design. For example, if a responding center indicates that they do not obtain water from a public system, they will skip any questions related to testing their drinking water. As a result, we are unable to report generalizable estimates for some items and some reporting groups because of the small number of respondents. In those instances, we may choose to describe non-generalizable information based on the responding centers.

[11]GAO did not analyze Head Start centers' compliance with any applicable state or local testing requirements.

[12]We used a 95 percent confidence level when reporting confidence intervals. We required that confidence intervals between two estimates not overlap to conclude that differences are statistically significant. Because some survey items have fewer responses, we may not be able to present generalizable estimates for all survey items and subgroups.

- Memorandum of Understanding on *Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities*, signed in October 2019 by EPA, HHS, and the Centers for Disease Control and Prevention (CDC), among others; and
- OHS' Early Childhood Learning and Knowledge Center website for information about lead, including lead testing and remediation.

Interviews with Federal Agency Officials

We interviewed officials from OCC and OHS and officials in four of 10 HHS regional offices about their roles and responsibilities for ensuring child care facilities and Head Start grantees provide safe drinking water to children. We interviewed officials from EPA's Office of Ground Water and Drinking Water, and Office of Children's Health Protection, and officials in four of 10 EPA regional offices, about their roles and responsibilities regarding lead testing and remediation. We also asked EPA officials about the WIIN Act grant program that provides grants to states to assist child care providers and schools to voluntarily test for lead in their drinking water. During these interviews, we asked HHS and EPA officials about the Memorandum of Understanding, which represents collaborative efforts that address lead in child care facility drinking water, among other topics. Appendix III has a copy of the memorandum.

We evaluated OHS' efforts in relation to relevant Head Start performance standards on providing safe drinking water to children enrolled in a Head Start program.[13] We also evaluated federal efforts to collaborate on lead testing and remediation in child care facilities, including Head Start centers, in relation to the Memorandum of Understanding and leading practices for interagency collaboration we identified in our prior work.[14]

Site Visits to Child Care Providers, Head Start Centers, and Interviews with State Officials

To inform all our research objectives, we conducted site visits to Illinois, New Jersey, and Rhode Island and phone interviews with officials and a Head Start grantee in Washington from April to November 2019. We selected these states because they require child care providers to test their drinking water for lead and they vary in size and geographic location. They are located in geographic areas covered by different HHS and EPA regional offices. Within these states, we spoke with center-based and home-based child care providers and Head Start program personnel

[13]See 45 C.F.R. § 1302.44(a)(2)(ix).

[14]GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, GAO-12-1022 (Washington, D.C.: Sept. 27, 2012), and *Managing For Results: Implementation Approaches Used to Enhance Collaboration in Interagency Groups*, GAO-14-220 (Washington, D.C.: Feb. 14, 2014).

about how they had tested for lead in the drinking water and what they did to remediate lead if found.

Site visits generally consisted of interviews with officials in state agencies and in the local HHS and EPA regional offices, as well as personnel at child care centers, homes where individuals provided child care to a small group of children, and Head Start centers.

- **State interviews.** We interviewed officials in state environment, health, and children and family agencies, and other agencies, depending on whether they had information related to child care providers testing for lead in their facility's drinking water. The topics we discussed were the agencies' roles and responsibilities on testing for and remediating lead in providers' drinking water; any related state requirements, policies, and guidance; communication and public notification about testing and remediation efforts; and, as appropriate, coordination among multiple state agencies and with relevant federal agencies.
- **HHS and EPA regional office interviews.** We interviewed officials in four of the 10 HHS and EPA regional offices. We met in-person with officials in Region 5 and conducted phone interviews with officials in Regions 1, 2, and 10. We generally discussed HHS and EPA officials' roles and responsibilities on testing for lead in drinking water at child care facilities, including Head Start centers, and efforts to connect state agencies and Head Start grantees to guidance, training, or technical assistance.
- **Child care provider and Head Start grantee interviews**. In three states, we interviewed a total of seven center-based and home-based child care providers and three Head Start program personnel. In one state, we spoke with Head Start program personnel by phone (because we were not able to meet with them in person).[15] Similar to our Head Start center survey, the interview topics we discussed with child care providers and Head Start program personnel included testing for and remediating lead in their center's drinking water, awareness of guidance (such as the 3Ts guidance), and any assistance (financial and non-financial) they may have received from local, state, and federal agencies.

[15]In Washington, we were unable to interview center-based and home-based child care providers.

Information we gathered from these interviews, while not generalizable, represents the conditions present in the states and child care facilities, including Head Start centers, at the time of our interviews and may be illustrative of efforts in other states and by other child care providers.

Interviews with Stakeholder Organizations

To inform all of our objectives, we interviewed representatives from the Environmental Defense Fund, the Environmental Law Institute, the National Head Start Association, and the Pennsylvania State University. We also met with representatives from Elevate Energy and Illinois Action for Children, two non-profit organizations based in Chicago that assisted child care providers as they tested for and remediated lead in their drinking water.

We conducted this performance audit from January 2019 to September 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Survey of Lead Testing and Remediation Efforts

The questions we asked in our survey of Head Start centers are shown below.[1] Our survey was comprised of closed- and open-ended questions. In this appendix, we include all survey questions and aggregate results of responses to the closed-ended questions; we do not provide information on responses to the open-ended questions. Estimates noted with superscript "a" are based on 20 or fewer responses. Some of our questions have low response rates because of how respondents answered our survey questions; thus, not all survey questions were applicable for all respondents. In the cases where the survey questions have no or too few respondents, we present the number of respondents and do not include the estimated percentage or 95 percent confidence interval lower and upper bounds (as represented by not applicable or N/A).[2] For a more detailed discussion of our survey methodology, see appendix I.

[1]For the purposes of this report, we use the term "Head Start" to refer to both Head Start and Early Head Start, unless otherwise specified. In addition, we use the term "centers" to include various Head Start facilities, such as Head Start centers, family child care homes that provide Head Start services, and Head Start programs located in school buildings.

[2]For questions with too few responses, this information is not generalizable to the Head Start center population.

Section A: Background

1. Does your facility obtain drinking water from a public water system such as a city or municipal water plant? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	83.7	79.1	87.6
No (Skip to 3)	12.0	8.6	16.2
Don't know (Skip to 3)	4.3	2.4	7.1

Section B: Lead in Drinking Water

2. Have tests been conducted for lead in the drinking water at your facility in the past 12 months? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	26.4	21.3	31.5
No	42.5	36.4	48.7
Don't know	31.1	25.2	36.9

If 'yes' to 2:

2A. Was lead discovered in your facility's drinking water in the past 12 months? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	10.4[a]	5.6	17.3
No	78.9	69.9	86.2
Don't know	10.6[a]	5.4	18.3

Note: Estimates noted with superscript "a" are based on 20 or fewer responses.

If 'yes' to 2A:

2AI. Did your facility take any of the following actions to address lead discovered in drinking water in the past 12 months? (Check one per row.)

Response		Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
a. Water system was flushed	Yes	13	N/A	N/A
	No	3	N/A	N/A
	Don't know	2	N/A	N/A
b. Filters were installed	Yes	11	N/A	N/A
	No	5	N/A	N/A
	Don't know	2	N/A	N/A
c. Drinking fountains (bubblers) or faucets were replaced	Yes	11	N/A	N/A
	No	5	N/A	N/A
	Don't know	2	N/A	N/A
d. Drinking fountains (bubblers) or faucets were taken out of service but not replaced	Yes	9	N/A	N/A
	No	5	N/A	N/A
	Don't know	3	N/A	N/A
e. Pipes were replaced	Yes	1	N/A	N/A
	No	10	N/A	N/A
	Don't know	2	N/A	N/A
f. Bottled water was provided	Yes	12	N/A	N/A
	No	5	N/A	N/A
	Don't know	1	N/A	N/A
g. Some other action(s) was taken	Yes	11	N/A	N/A
	No	3	N/A	N/A
	Don't know	2	N/A	N/A

If 'other' to 2AIG: what other actions has your facility taken?
[open-ended]

2AII. If lead was discovered in your facility's drinking water, but no actions have yet been taken to address it, what is the reason for this decision?
[open-ended]

2AIII. Were parents or guardians notified about the results of the testing? (Check one.)

Response	Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	11	N/A	N/A
No	3	N/A	N/A
Don't know	1	N/A	N/A

If 'yes' to 2AIII:

2AIIIA. Were parents or guardians notified about the results through any of the following forms of communication? (Check one per row.)

Response		Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
a. Letter or flier	Yes	11	N/A	N/A
	No	0	N/A	N/A
	Don't know	0	N/A	N/A
b. Newsletter	Yes	2	N/A	N/A
	No	9	N/A	N/A
	Don't know	0	N/A	N/A
c. Email	Yes	1	N/A	N/A
	No	8	N/A	N/A
	Don't know	2	N/A	N/A
d. Presentation at a meeting	Yes	1	N/A	N/A
	No	9	N/A	N/A
	Don't know	1	N/A	N/A
e. Phone call/text message	Yes	1	N/A	N/A
	No	8	N/A	N/A
	Don't know	2	N/A	N/A
f. Other	Yes	0	N/A	N/A
	No	7	N/A	N/A
	Don't know	1	N/A	N/A

If 'other' to 2AIIIAF: What other form of communication was used? [open-ended]

2AIV. Did you choose to share the results with the U.S. Department of Health and Human Services' Office of Head Start in your region? (If you are a delegate, please check "Not applicable".) (Check one.)

Response	Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	7	N/A	N/A
No	5	N/A	N/A
Not applicable	3	N/A	N/A
Don't know	2	N/A	N/A

If 'yes' to 2AIV:

2AIVA. Did staff in that regional office provide a response? (Check one.)

Response	Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	1	N/A	N/A
No	-	N/A	N/A
Don't know	6	N/A	N/A

Legend: - No data

If 'yes' to 2AIVA: How did staff in the regional office respond?
[open-ended]

Section C: Lead-Based Paint

3. Have inspections been conducted for lead-based paint in your facility in the past 12 months? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	21.3	16.9	25.8
No	51.3	45.7	56.9
Don't know	27.4	22.5	32.3

If 'yes' to 3:

3A. Was lead-based paint discovered in your facility in the past 12 months? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	3.6[a]	0.9	9.2
No	96.3	90.7	99.0
Don't know	0.1[a]	0.0	5.2

Note: Estimates noted with superscript "a" are based on 20 or fewer responses.

If 'yes' to 3A:

3AI. Were any of the following steps taken to remediate lead-based paint in the last 12 months? (Check one per row.)

Response		Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
a. Removal of lead-based paint	Yes	1	N/A	N/A
	No	3	N/A	N/A
	Don't know	0	N/A	N/A
b. Cover the lead-based paint with a special paint (aka encapsulant)	Yes	2	N/A	N/A
	No	2	N/A	N/A
	Don't know	0	N/A	N/A
c. Some other action(s) was taken	Yes	2	N/A	N/A
	No	0	N/A	N/A
	Don't know	1	N/A	N/A

If 'other' to 3AIC: what other actions has your facility taken?
[open-ended]

3AII. If lead-based paint was discovered in your facility, but no actions have yet been taken to address it, what is the reason for this decision?
[open-ended]

3AIII. Were parents or guardians notified about the results of the inspection? (Check one.)

Response	Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	0	N/A	N/A
No	3	N/A	N/A
Don't know	1	N/A	N/A

If 'yes' to 3AIII:

3AIIIA. Were parents or guardians notified about the results through any of the following forms of communication? (Check one per row.)

Response		Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
a. Letter or flier	Yes	-	N/A	N/A
	No	-	N/A	N/A
	Don't know	-	N/A	N/A
b. Newsletter	Yes	-	N/A	N/A
	No	-	N/A	N/A
	Don't know	-	N/A	N/A
c. Email	Yes	-	N/A	N/A
	No	-	N/A	N/A
	Don't know	-	N/A	N/A
d. Presentation at a meeting	Yes	-	N/A	N/A
	No	-	N/A	N/A
	Don't know	-	N/A	N/A
e. Phone call/text message	Yes	-	N/A	N/A
	No	-	N/A	N/A
	Don't know	-	N/A	N/A
f. Other	Yes	-	N/A	N/A
	No	-	N/A	N/A
	Don't know	-	N/A	N/A

Legend: - No data

If 'other' to 3AIIIAF: What other form of communication was used? [open-ended]

3AIV. Did you choose to share the results with the U.S. Department of Health and Human Services' Office of Head Start in your region? (If you are a delegate, please check "Not applicable".) (Check one.)

Response	Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	1	N/A	N/A
No	3	N/A	N/A
Not applicable	0	N/A	N/A
Don't know	0	N/A	N/A

If 'yes' to 3AIV:

3AIVA. Did staff in that regional office provide a response? (Check one.)

Response	Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	-	N/A	N/A
No	-	N/A	N/A
Don't know	-	N/A	N/A

Legend: - No data

If 'yes' to 3AIVA: How did staff in the regional office respond?
[open-ended]

Section D: Guidance and Technical Assistance About Lead Testing or Inspection

4. Prior to receiving this survey, were you familiar with the following forms of guidance? (Check one per row.)

Response		Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
U.S. Environmental Protection Agency (EPA)				
a. "3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities" (2018)	Yes	38.8	33.4	44.1
	No	55.3	49.8	60.9
	Don't know	5.9	3.7	8.8
b. "3Ts for Reducing Lead in Drinking Water in Child Care Facilities: Revised Guidance" booklet (2005)	Yes	33.7	28.4	39.0
	No	59.3	53.8	64.8
	Don't know	7.0	4.4	10.3
c. "The Lead-Safe Certified Guide to Renovate Right" (2011)	Yes	32.6	27.2	38.0
	No	57.8	52.2	63.4
	Don't know	9.6	6.6	13.4
U.S. Department of Health and Human Services (HHS)				
d. "Choose Safe Places for Early Care and Education Guidance Manual" (2017)	Yes	40.3	34.9	45.8
	No	54.0	48.4	59.5
	Don't know	5.7	3.5	8.7
e. "Head Start Design Guide: A Guide for Building a Head Start Facility" (2005)	Yes	72.2	67.2	77.2
	No	25.2	20.2	30.1
	Don't know	2.7[a]	1.4	4.5

Note: Estimates noted with superscript "a" are based on 20 or fewer responses.

5. Have you received technical assistance from the U.S. Department of Health and Human Services' Office of Head Start in your region on lead testing and remediation in drinking water or paint in your facility? (If you are a delegate, please check "Not applicable".) (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	8.7	5.8	12.3
No	71.7	66.6	76.8
Not applicable	12.1	8.7	16.4
Don't know	7.5	4.8	11.1

If 'yes' to 5:

5A. Have you received any of the following forms of assistance from the Office of Head Start in your region? (Check one per row.)

Response		Unweighted respondent count	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
a. HHS guidance documents, such as "Choose Safe Places for Early Care and Education Guidance Manual"	Yes	27	N/A	N/A
	No	6	N/A	N/A
	Don't know	5	N/A	N/A
b. EPA guidance documents, such as "3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities"	Yes	23	N/A	N/A
	No	12	N/A	N/A
	Don't know	3	N/A	N/A
c. Webinars	Yes	19	N/A	N/A
	No	17	N/A	N/A
	Don't know	2	N/A	N/A
d. Phone calls with grant officers	Yes	14	N/A	N/A
	No	20	N/A	N/A
	Don't know	3	N/A	N/A
e. Attended in-person meeting about Head Start health and safety standards	Yes	28	N/A	N/A
	No	10	N/A	N/A
	Don't know	0	N/A	N/A
f. Bottled water was provided	Yes	15	N/A	N/A
	No	19	N/A	N/A
	Don't know	4	N/A	N/A
g. Other	Yes	3	N/A	N/A
	No	18	N/A	N/A
	Don't know	6	N/A	N/A

If 'other' to 5AG: What other assistance was provided?
[open-ended]

Section E: Background Questions

6. How long has your program been a Head Start grantee? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
0 - <5 years	8.8	5.9	12.4
5 - <10 years	11.0	7.8	14.9
10 - <15 years	5.3	3.1	8.6
More than 15 years	72.7	68.1	77.4
Don't know	2.2[a]	0.8	4.7

Note: Estimates noted with superscript "a" are based on 20 or fewer responses.

7. What is the primary source of drinking water in your facility? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Tap water/faucet	67.6	62.5	72.7
Filtered tap water	10.4	7.4	14.1
Bottled water	20.3	15.9	24.6
Don't know	1.8[a]	0.6	4.0

Note: Estimates noted with superscript "a" are based on 20 or fewer responses.

8. Was your facility built before 1978? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	36.1	30.7	41.5
No	45.4	39.8	51.0
Don't know	18.5	14.2	22.9

If 'yes' to 8:

8A. Has your facility been renovated since 1978? (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Yes	62.6	53.5	71.8
No	23.6	15.9	32.9
Don't know	13.7	8.0	21.3

9. What additional comments, if any, would you like to share with us regarding lead testing, inspection, or remediation efforts of drinking water or lead-based paint in your facility?

[open-ended]

10. What is the name, title, department or office, email address, and telephone number of the person completing this survey?

[open-ended]

Section F: Completion

11. Please check one of the options below. Clicking on "Completed" indicates that your answers are official and final. Your answers will not be used unless you have done this. (Check one.)

Response	Estimated percentage	95 percent confidence interval – lower bound (percentage)	95 percent confidence interval – upper bound (percentage)
Completed	72.8	68.6	77.1
Not Completed	27.2	22.9	31.4

Appendix III: Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities

MEMORANDUM of UNDERSTANDING PARTNERS

on

Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities

between

U.S. Environmental Protection Agency, Office of Water

U.S. Department of Agriculture, Rural Development Agency

U.S. Department of Education, Office of Safe and Supportive Schools

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Indian Health Service, and Agency for Children and Families' Office of Head Start and Office of Early Childhood Development

U.S. Department of the Interior
Bureau of Indian Affairs and Bureau of Indian Education

and

American Water Works Association

American School Health Association

Association of Metropolitan Water Agencies

Association of State Drinking Water Administrators

Inter Tribal Council of Arizona, Inc.

National Association of Water Companies

National Rural Water Association

Rural Community Assistance Partnership

United South and Eastern Tribes

I. Purpose

The purpose of this Memorandum of Understanding (MOU) between the U.S. Environmental Protection Agency's (EPA) Office of Water; the U.S. Department of Agriculture's Rural Development Agency; the U.S. Department of Education's Office of Safe and Supportive Schools; the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, Indian Health Service, and Agency for Children and Families' Office of Head Start and Office of Early Childhood Development; the U.S. Department of the Interior's Bureau of Indian Affairs and Bureau of Indian Education; and the American Water Works Association; the American School Health Association; the Association of Metropolitan Water Agencies; the Association of State Drinking Water Administrators; the Inter Tribal Council of Arizona, Inc.; the National Association of Water Companies; the National Rural Water Association; the Rural Community Assistance Partnership; and the United South and Eastern Tribes, is to facilitate actions that reduce children's exposure to lead from drinking water at schools and child care facilities. The signatories agree to encourage schools and child care facilities to take such steps, including training on lead; testing drinking water for lead; disseminating results to parents, students, staff, and other interested stakeholders; and facilitating appropriate corrective actions. The signatories also agree to encourage the drinking water community to assist schools and child care facilities in their efforts to understand and reduce lead exposure from drinking water.

II. Background

Exposure to lead is a significant health concern, particularly for young children and infants. Adverse health effects from lead in children can include impaired physical and mental development. While we have made significant progress in reducing lead in the environment from all sources, including the nation's drinking water, our work is not finished. All parties to this agreement agree that we should "get the lead out" of drinking water to the extent possible. Since children spend a significant part of the day in school and child care facilities, understanding and reducing lead exposures in those facilities is particularly important.

In general, lead levels for water leaving the drinking water treatment plant are minimal. However, lead leaches from plumbing materials and fixtures as water moves through the distribution system and through the customer's plumbing. Because lead concentrations can change as water moves through the distribution system, the best way to know if a school or child care facility might have high lead levels of concern in its drinking water is by testing the water in that school or child care facility. Testing facilities helps target remediation. It is a key first step in understanding the problem, if there is one, and designing an appropriate course of corrective action.

A collaborative effort will provide a valuable impetus to building awareness of this issue at the community level and bring together different expertise and stakeholder groups. State and tribal health and environmental agencies may address lead in drinking water in schools and child care facilities in the context of a broader effort. The drinking water community can provide valuable expertise to schools and child care facilities. Federal partners can raise awareness and provide information and guidance to schools about lead in drinking water. The EPA can work jointly with all parties to support schools and child care facilities in providing safe drinking water.

This MOU is an update to the 2005 MOU on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities.

III. Agreement

Federal Partners:
U.S. Environmental Protection Agency, Office of Water
U.S. Department of Agriculture, Rural Development Agency
U.S. Department of Education, Office of Safe and Supportive Schools
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Indian Health Service, and Agency for Children and Families' Office of Head Start and Office of Early Childhood Development
U.S. Department of the Interior, Bureau of Indian Affairs and Bureau of Indian Education

Non-Governmental Partners:
American Water Works Association
American School Health Association
Association of Metropolitan Water Agencies
Association of State Drinking Water Administrators
Inter Tribal Council of Arizona
National Association of Water Companies
National Rural Water Association
Rural Community Assistance Partnership
United South and Eastern Tribes

The aforementioned Federal and Non-Governmental Partners plan to:

a. Work to ensure that children in schools and child care facilities are provided with safe drinking water.

b. Encourage support of activities that may

1) provide education on health concerns associated with lead in drinking water;
2) assist in the development of a lead testing program utilizing the EPA's *3Ts for Reducing Lead in Drinking Water in School and Child Care Facilities* guidance; and/or
3) help schools and child care facilities establish a sustainable and effective lead in drinking water testing program.

c. Collaborate with the EPA in the development of materials, training, and tools to assist schools and child care facilities in reducing lead in drinking water.

d. Identify the appropriate networks, associations, and organizations to work with to develop communication materials for schools and child care facilities.

IV. Legal Authority

Section 1442 of the Safe Drinking Water Act, 42 U.S.C. 300j-1. - This section authorizes the EPA Administrator to conduct research, studies, and demonstrations relating to the causes, diagnosis, treatment, control, and prevention of risks to human health related to drinking water supply, and to share information and make recommendations based on this research and investigations.

V. Limitations

a. All commitments made in this agreement are subject to the availability of appropriated funds and fiscal priorities for each respective federal partner. Nothing in this MOU shall, in and of itself, obligate the aforementioned MOU federal and non-governmental partners to expend appropriations or to enter into any contract, assistance agreement, interagency agreement, or other financial obligations.

b. This MOU does not impose requirements on any party, including schools, child care facilities, or water utilities, beyond those contained in existing laws and regulation.

c. Any endeavor involving the transfer of funds between the parties to the MOU will be executed in separate agreements between or among the participating parties in accordance with applicable laws, regulations, and procedures. The signatories agree that they will not submit a claim for compensation to the EPA for any actions taken in furtherance of this MOU.

d. This MOU is neither a fiscal nor a funds obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this MOU will be handled in accordance with applicable laws, regulations, and procedures and will be subject to separate subsidiary agreements that shall be affected in writing by representatives of both parties. This MOU does not exempt any party from federal policies governing competition for assistance agreements.

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e. This MOU in no way restricts the signatories from participating in similar activities or arrangements with other entities or federal agencies.

f. None of the federal signatories may endorse the purchase or sale of products and services provided by private organizations that become partners in this effort. Nothing in this MOU constitutes endorsement by either party of the other, including products or services, or any fundraising activity or promotion. The non-federal parties agree not to make statements to the public at workshops meetings, in promotional literature, on their web sites, or through any other media that imply that the EPA or any of its employees endorses the non-federal parties or any service or product offered by them. In addition, the non-federal parties agree not to make statements that imply the EPA supports the non-federal parties' efforts to raise public or private funds. Any statements or promotional materials prepared by the non-federal parties that describe this MOU must be approved in advance by the EPA.

g. This MOU does not create any right or benefit, substantive or procedural, enforceable by law or equity against the signatories of the MOU, their officers or employees, or any other person. This MOU does not direct or apply to any person outside the signatories to the document.

VI. Effective date

This MOU will become effective upon signature by the Assistant Administrator for Water of the U.S. Environmental Protection Agency, the Administrator for the Rural Utilities Service of the U.S. Department of Agriculture's Rural Development Agency, the Deputy Secretary of the U.S. Department of Education's Office of Safe and Supportive Schools, the Director for the Centers for Disease Control and Prevention's National Center for Environmental Health/Agency for Toxic Substances and Disease Registry of the U.S. Department of Health and Human Services, the Director of the Department of Human Health Services of the U.S. Department of Health and Human Services' Indian Health Service, the Director of the U.S. Department of Health and Human Services' Administration for Children and Families' Office of Head Start and Office of Early Childhood Development, the Assistant Secretary of Indian Affairs of the U.S. Department of the Interior's Bureau of Indian Affairs and Bureau of Indian Education, and the Executive Director for Government Affairs of the American Water Works Association, the President of the American School Health Association, the Chief Executive Officer of the Association of Metropolitan Water Agencies, the Executive Director of the Association of State Drinking Water Administrators, the Executive Director of the Inter Tribal Council of Arizona, Inc., the President and Chief Executive Officer of the National Association of Water Companies, the Deputy Chief Executive Officer of the National Rural Water Association, the Chief Executive Officer of the Rural Community Assistance Partnership, and the Executive Director of the United South and Eastern Tribes. Any party may withdraw from the agreement by giving notice to the other parties in writing. Its provisions will be reviewed annually and amended or supplemented as may be mutually agreed upon in writing. This MOU becomes effective on the date of the final signature.

Appendix IV: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

July 31, 2020

Jacqueline M. Nowicki
Director, Education, Workforce and Income Security Issues
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Nowicki:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, *"Lead in Childcare Facilities" (Job Code 103241/GAO-20-597).*

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Sarah C. Arbes -S
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Date: 2020.07.31 15:28:00 -04'00'

Sarah C. Arbes
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — CHILD CARE FACILITIES: FEDERAL AGENCIES NEED TO ENHANCE MONITORING AND COLLABORATION TO HELP ASSURE DRINKING WATER IS SAFE FROM LEAD (GAO-20-597)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1
The OHS director should require Head Start grantees to document that water provided to children has been tested for lead. OHS could determine various ways that are feasible and efficient for grantees to satisfy this requirement; for example, verification could be done through OHS' grantee data collection or monitoring processes.

HHS Response
HHS concurs with GAO's recommendation. The Office of Head Start is committed to ensuring the health and safety of all children enrolled in our funded grantee programs. OHS believes that safe drinking water is a priority as evident by section §1302.44 (a)(2)(ix) of the Head Start Program Performance Standards which requires grantees to make safe drinking water available to children during the program day. The Office of Head Start will develop mechanisms through monitoring, oversight and technical assistance to support grantees in adhering to this regulation.

Recommendation 2
The Assistant Secretary for the Administration for Children and Families should direct OCC and OHS to develop an agreement with the EPA on their roles and responsibilities in implementing a memorandum of understanding on reducing lead levels in drinking water in schools and childcare facilities. For example, these agreements may include the ways guidance and information will be shared with states and Head Start grantees, such as through webinars or email and how frequently.

HHS Response
HHS concurs with GAO's recommendation. While the current Memorandum of Understanding has highlighted and begun opportunities for collaboration among partners, additional work towards successful implementation, such as the roles and responsibilities of the partners, will be helpful.

Page **1** of **1**

Appendix V: Comments from the Environmental Protection Agency

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF WATER

Mr. Alfredo Gomez
Director
Natural Resources and Environment
U.S. Government Accountability Office
Washington, D.C. 20548

Dear Mr. Gomez:

Thank you for the opportunity to review and comment on the U.S. Government Accountability Office (GAO) Draft Report (GAO 20-597), *Child Care Facilities: Federal Agencies Need to Enhance Monitoring and Collaboration to Help Assure Drinking Water is Safe from Lead.* The purpose of this letter is to provide the U.S. Environmental Protection Agency's (EPA or Agency) response to GAO's recommendations.

In the draft report, GAO examines the extent to which (1) the Office of Child Care (OCC) in the U.S. Department of Health and Human Services (HHS) oversees and supports states' use of Child Care and Development Fund (CCDF) funding to determine that drinking water in child care facilities is safe from lead; (2) HHS's Office of Head Start (OHS) ensures Head Start grantees provide drinking water that is safe from lead; and (3) EPA collaborates with OCC and OHS to support lead testing in childcare facilities. The draft report includes two recommendations for EPA. The Agency considers these recommendations redundant with existing activities as described below.

GAO Recommendations and EPA Responses:

[Recommendation 3] The Assistant Administrator of the Office of Water should develop an agreement with HHS's Offices of Child Care and Head Start regarding their roles and responsibilities in implementing the *Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities* (MOU). For example, these agreements may include the ways in which guidance and information will be shared with the states and Head Start grantees, such as through webinars or email and how frequently.

EPA considers the 2019 MOU to provide sufficient agreement between all signatory partners concerning roles and responsibilities. GAO Recommendation 3 is redundant with the objectives established under the MOU and the actions already underway with the MOU partners.

EPA has long recognized the importance of establishing partnerships to support lead reduction in schools and child care facilities. This was the basis of establishing an MOU with 14 federal and non-federal partners including HHS OHS and the OCC. The MOU documents the roles and responsibilities of the partners through the agreed upon outcomes, which are to (1) work to ensure that children in schools and child care facilities are provided with safe drinking water; (2) encourage support of

activities that may (a) provide education on health concerns associated with lead in drinking water, (b) assist in the development of a lead testing program utilizing EPA's *3Ts for Reducing Lead in Drinking Water in School and Child Care Facilities* guidance (3Ts); and/or (c) help schools and child care facilities establish a sustainable and effective lead in drinking water testing program; (3) collaborate with EPA in the development of materials, training and tools to assist schools and child care facilities in reducing lead in drinking water; and (4) identify the appropriate networks, associations, and organizations to work with to develop communication materials for schools and child care facilities. To further address the implementation of these outcomes, EPA established a workplan that details the development of tools and educational/technical materials not only for schools and child care facilities but also for states, tribes, and territories to use to implement a lead reduction program. During MOU meetings, the partners have discussed collaboration and coordination efforts to assist schools and child care facilities establish a sustainable and effective lead reduction program in drinking water by using these products and conducting other partner activities.

[Recommendation 4] The Assistant Administrator of the Office of Water should direct the Office of Water to specify how it will track progress toward the outcomes of the Memorandum of Understanding on Reducing Lead Levels in Drinking Water in Schools and Child Care Facilities and determine how it will regularly monitor and update the MOU. For example, the Office of Water could develop performance measures for each of the MOU's outcomes. In addition, the Office of Water could submit annual reports on progress toward achieving the MOU's outcomes or it could plan to update the agreement at specific intervals.

EPA considers GAO Recommendation 4 to be redundant with activities under the MOU and the Water Infrastructure Improvements for the Nation (WIIN) Act grant programs. EPA will monitor and track progress on the MOU outcomes under the 3Ts workplan process and through the quantifiable statutory requirements of the WIIN Act grants awarded by EPA. All 50 states have received funding under this grant program. The results assessed through the WIIN Act grants require use of the 3Ts guidance to implement testing programs in schools and child care facilities, further facilitating the coordinated objectives of the MOU partnership, the 3Ts Program and WIIN Act grant funding. EPA considers the MOU to provide sufficient flexibility such that it will require minimal updates as the 3Ts Lead Reduction Program grows and adapts to changes and enhancement that may occur over the coming years. The semi-annual MOU partners meetings provide additional opportunities to track progress and plan work to accomplish the MOU outcomes. The MOU allows for routine progress updates, without causing additional burden or duplication of efforts.

Thank you for the opportunity to review the draft report. EPA is committed to improving the implementation of lead testing in schools and child care facilities, protecting children where they live, learn and play and we look forward to continuing to work with GAO in this important area. If you have any questions, please contact Jennifer McLain, Director of the Office of Ground Water and Drinking Water at 202-564-4029 or McLain.Jennifer@epa.gov.

Sincerely,

DAVID ROSS

Digitally signed by DAVID ROSS
Date: 2020.08.26 17:38:19 -05'00'

David P. Ross
Assistant Administrator

cc: EPA GAO Liaison Team

Appendix VI: GAO Contact and Staff Acknowledgments

GAO Contact

Jacqueline M. Nowicki, (617) 788-0580 or nowickij@gao.gov

Staff Acknowledgments

In addition to the individual named above, Janet Mascia (Assistant Director), Jason Palmer (Analyst-in-Charge), Linda Keefer, Robin Marion, Jean McSween, James Rebbe, and Sonya Vartivarian made significant contributions to this report. Also contributing to this report were James Bennett, Carla Craddock, Nagla'a El-Hodiri, Sheila R. McCoy, Jessica Orr, Diane Raynes, Almeta Spencer, Kathleen van Gelder, and Sarah Veale.