

Awardee Lead Profile Assessment (ALPA) Web Survey (Word)

Form Approved
OMB No. 0920-1215
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Below is the Centers for Disease Control and Prevention's (CDC) annual assessment for state and local childhood lead poisoning prevention programs ("programs").

You have been asked to take part in this assessment as a state or local public official operating in your official capacity as decision-maker within a program.

The purpose of the assessment is to identify 1) jurisdictional legal frameworks governing CDC-funded programs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States.

This information collection will allow the CDC Childhood Lead Poisoning Prevention Program (CDC CLPPP) to identify specific factors that may support or hinder the efforts of public health agencies engaged in lead poisoning prevention. The information collection will inform guidance, resource development, and technical assistance activities the CDC CLPPP conducts in support of the ultimate goal of lead elimination. Assessment findings will be shared with key stakeholders, placed on CDC's CLPPP website, and used to respond to inquiries by the public, media, and Congress.

The data will be kept secure throughout the analysis and reporting process.

This assessment should take no more than 47 minutes to complete. You may stop taking the assessment and finish it at a later time. To re-enter the web survey, the tool will provide you with a unique link and passcode for return access. Please refer to the Awardee Lead Profile Assessment (ALPA) training manual for instructions on answering each question. Each text box has a character limit of 200 characters.

Please complete the assessment by [SPECIFIC DATE TO BE PROVIDED – 2 WEEKS AFTER THE SURVEY IS SENT OUT].

Participation is required for satisfactory performance. No individually identifiable information will be requested.

If you have programmatic questions, you can contact CDC CLPPP via your Project Officer.

1. Please choose one option below to continue:
 - I agree to participate in the assessment.
 - I do not agree to participate in the assessment. **(END OF ASSESSMENT)**

CDC estimates the average public reporting burden for this collection of information as 47 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1215).

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Section 1: Program Information

2. Program Title (ex. State Childhood Lead Poisoning Prevention Program)

3. City of Program Headquarters

4. State or Territory of Program Headquarters

State Abbreviations and Territories

Section 2: State and Territorial Program Legal Governance

a. Does your jurisdiction have state or territorial legislation mandating blood lead testing for	b. What strategy is the mandate based on?	c. Please specify the ages covered by your jurisdiction's legislation.
<p>5. a. Medicaid-enrolled children?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Skip to question 6a)</p> <p><input type="radio"/> Unknown (Skip to question 6a)</p>	<p>5b.</p> <p><input type="radio"/> Universal testing</p> <p><input type="radio"/> Targeted testing</p> <p><input type="radio"/> Both universal and targeted testing</p> <p><input type="radio"/> Other; please specify: _____</p>	<p>5c.</p> <p><input type="radio"/> All ages are covered</p> <p><input type="radio"/> A select age range is covered, with the maximum age covered being: _____</p> <p><input type="radio"/> Unknown</p>
<p>6. a. non-Medicaid-enrolled children?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Skip to question 7a)</p> <p><input type="radio"/> Unknown (Skip to question 7a)</p>	<p>6b.</p> <p><input type="radio"/> Universal testing</p> <p><input type="radio"/> Targeted testing</p> <p><input type="radio"/> Both universal and targeted testing</p> <p><input type="radio"/> Other; please specify: _____</p>	<p>6c.</p> <p><input type="radio"/> All ages are covered</p> <p><input type="radio"/> A select age range is covered, with the maximum age covered being: _____</p> <p><input type="radio"/> Unknown</p>
<p>7. a. pregnant women?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Skip to question 8)</p> <p><input type="radio"/> Unknown (Skip to question 8)</p>	<p>7b.</p> <p><input type="radio"/></p> <p><input type="radio"/> Testing only</p> <p><input type="radio"/></p> <p><input type="radio"/> Other; please specify: _____</p>	

8. Does your jurisdiction have state or territorial legislation mandating the existence or operation of a program?

Yes

No; it is allowed but not mandated

No; it is not allowed

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- Unknown
9. Does your jurisdiction have a state or territorial reporting law for blood lead levels in children?
- Yes
- No (Skip to question 10)
- Unknown (Skip to question 10)
- 9a. Please specify the ages covered by your jurisdiction's blood lead level reporting law.
- All ages are covered
- A select age range is covered, with the maximum age covered being: _____
- Unknown
- 9b. Please specify which blood lead levels are required to be reported. (Select one)
- All blood lead levels
- Blood lead levels ≥ 3.5 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 15 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 20 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 45 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 70 $\mu\text{g}/\text{dL}$
- Unknown
- 9c. Please specify who is mandated to report the blood lead levels. (Select all that apply)
- Private laboratories
- State public health laboratories
- Providers
- Local health departments
- Other please specify: _____
10. Does your jurisdiction have a state or territorial electronic health data reporting law?
- Yes
- No; electronic reporting is allowed but not mandated
- No; electronic reporting is not allowed
- Unknown
11. Does your jurisdiction have a state or territorial lead paint abatement and/or remediation law(s)?
- Yes
- No (Skip to question 12)
- Unknown (Skip to question 12)
- 11a. What strategy(s) is the law(s) based on? (Select all that apply)

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- Regulations regarding the type of building/facility (e.g. childcare centers, Section 8 housing, rental properties, etc.)
- Regulations regarding the condition of the building/facility (e.g. pre-1978, 2 square feet of deteriorating paint, etc.)
- Regulations regarding contractors and/or workers that perform abatement
- Other; please specify: _____

11b. What triggers the law(s)? (Select all that apply)

- Presence of children
- Blood lead level
- Other; please specify: _____

11c. Please specify which age ranges trigger the law(s). (Select one)

- Children ≤ 1 years of age
- Children ≤ 2 years of age
- Children ≤ 3 years of age
- Children ≤ 6 years of age
- Children ≤ 16 years of age
- N/A
- Other; please specify: _____

11d. Please specify which blood lead levels trigger the law(s). (Select one)

- All blood lead levels
- Blood lead levels ≥ 3.5 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 15 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 20 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 45 $\mu\text{g}/\text{dL}$
- Blood lead levels ≥ 70 $\mu\text{g}/\text{dL}$
- N/A

Section 3: Local Program Legal Governance

12. Are you a local health department or their bona fide agent?

- Yes
- No (Skip to section 4, question 21)

13. Do any of your jurisdiction's local legislations regarding childhood lead poisoning prevention differ from your state legislations?

- Yes

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No (Skip to section 4, question 21)

a. Does your jurisdiction have local legislation mandating blood lead testing for	b. What strategy is the mandate based on?	c. Please specify the ages covered by your jurisdiction's legislation.
<p>14. a. Medicaid-enrolled children?</p> <p><input type="radio"/> Yes <input type="radio"/> No (Skip to question <u>15a</u>) <input type="radio"/> Unknown (Skip to question <u>15a</u>)</p>	<p>14b.</p> <p><input type="radio"/> Universal testing <input type="radio"/> Targeted testing <input type="radio"/> Both universal and targeted testing <input type="radio"/> Other; please specify: _____</p>	<p>14c.</p> <p><input type="radio"/> All ages are covered <input type="radio"/> A select age range is covered, with the maximum age covered being: _____ <input type="radio"/> Unknown</p>
<p>15. a. non-Medicaid-enrolled children?</p> <p><input type="radio"/> Yes <input type="radio"/> No (Skip to question <u>16a</u>) <input type="radio"/> Unknown (Skip to question <u>16a</u>)</p>	<p>15b.</p> <p><input type="radio"/> Universal testing <input type="radio"/> Targeted testing <input type="radio"/> Both universal and targeted testing <input type="radio"/> Other; please specify: _____</p>	<p>15c.</p> <p><input type="radio"/> All ages are covered <input type="radio"/> A select age range is covered, with the maximum age covered being: _____ <input type="radio"/> Unknown</p>
<p>16. a. pregnant women?</p> <p><input type="radio"/> Yes <input type="radio"/> No (Skip to question <u>17</u>) <input type="radio"/> Unknown (Skip to question <u>17</u>)</p>	<p>16b.</p> <p><input type="radio"/> <input type="radio"/> Testing only <input type="radio"/> <input type="radio"/> Other; please specify: _____</p>	

17. Does your jurisdiction have local legislation mandating the existence or operation of a program?

- Yes
- No; it is allowed but not mandated
- No; it is not allowed
- Unknown

18. Does your jurisdiction have a local reporting law for blood lead levels in children?

- Yes
- No (Skip to question 19)
- Unknown (Skip to question 19)

18a. Please specify the ages covered by your jurisdiction's blood lead level reporting law

- All ages are covered

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A select age range is covered, with the maximum age covered being: _____

Unknown

18b. Please specify which blood lead levels are required to be reported. (Select one)

All blood lead levels

Blood lead levels ≥ 3.5 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 15 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 20 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 45 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 70 $\mu\text{g}/\text{dL}$

Unknown

18c. Please specify who is mandated to report the blood lead levels. (Select all that apply)

Private laboratories

State public health laboratories

Providers

Local health departments

Other; please specify: _____

19. Does your jurisdiction have a local electronic health data reporting law?

Yes

No, electronic reporting is allowed but not mandated

No, electronic reporting is not allowed

Unknown

20. Does your jurisdiction have a local lead paint abatement and/or remediation law(s)?

Yes

No (Skip to question 21)

Unknown (Skip to question 21)

20a. What strategy(s) is the law(s) based on? (Select all that apply)

Regulations regarding the type of building/facility (e.g. childcare centers, Section 8 housing, rental properties, etc.)

Regulations regarding the condition of the building/facility (e.g. pre-1978, 2 square feet of deteriorating paint, etc.)

Regulations regarding contractors and/or workers that preform abatement

Other; please specify: _____

20b. What triggers the law(s)? (Select all that apply)

Presence of children

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Blood lead level

Other; please specify: _____

20c. Please specify which age ranges trigger the law(s). (Select one)

Children ≤ 1 years of age

Children ≤ 2 years of age

Children ≤ 3 years of age

Children ≤ 6 years of age

Children ≤ 16 years of age

N/A

Other; please specify: _____

20d. Please specify which blood lead levels trigger the law(s). (Select one)

All blood lead levels

Blood lead levels ≥ 3.5 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 15 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 20 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 45 $\mu\text{g}/\text{dL}$

Blood lead levels ≥ 70 $\mu\text{g}/\text{dL}$

N/A

Section 4: Program Surveillance and Prevention Strategy

21. Regarding the blood lead levels at which various public health actions are initiated, has your jurisdiction decided to (select one response below):

Use the updated BLRV (3.5 $\mu\text{g}/\text{dL}$) for at least one public health action.

Not use the updated BLRV (3.5 $\mu\text{g}/\text{dL}$) for any public health actions (Skip to question 22)

A decision has not been made yet (Skip to question 22)

This has not yet been discussed (Skip to question 22)

Unknown (Skip to question 22)

21a. When will this change be effective? _____

22. What barriers hinder your jurisdiction's ability to use the updated BLRV of 3.5 $\mu\text{g}/\text{dL}$ to initiate various public health actions? (Select all that apply)

Lack of support from providers

Lack of organizational support

Lack of support from decision makers

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- Lack of resources for the program
- Lack of resources for testing
- Lack of resources for follow-up activities
- Lack of resources for laboratories
- Laboratory testing capacity
- Other; please specify: _____
- None

23. Over the past 12 months, what has been the general trend for blood lead testing rates in your jurisdiction?

- Testing rates have increased (Skip to question 23b)
- Testing rates have decreased (Skip to question 23b)
- Testing rates have remained relatively consistent (Skip to question 24)
- Unknown (Skip to question 24)

23a. If testing rates have increased in your jurisdiction, what do you attribute that change to?

- New policies/regulations
- Increased availability of staff
- Increased Funding
- Increased resources for the program
- Increased resources for testing
- Increased resources for laboratories
- Other; please specify: _____

23b. If testing rates have decreased in your jurisdiction, what do you attribute that change to?

- New policies/regulations
- Decreased availability of staff
- Decreased funding
- Recalls of point-of-care testing kits
- Decreased resources for the program
- Decreased resources for testing
- Decreased resources for laboratories
- Laboratory-related issues; please specify: _____
- Other; please specify: _____

a. For the following populations,	b. How does your jurisdiction's	c. What barriers does your
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does your jurisdiction <u>practice</u> blood lead case management that is different from your jurisdiction's mandate?	<u>practiced</u> blood lead case management differ from your jurisdiction's mandate? (Select all that apply)	jurisdiction face when <u>practicing</u> blood lead case management ? (Select all that apply)
<p>24. a. Medicaid-enrolled children less than 6 years (72 months) of age?</p> <p><input type="radio"/> Yes <input type="radio"/> No (Skip to question 25a) <input type="radio"/> Unknown (Skip to question 25a)</p>	<p>24b.</p> <p><input type="checkbox"/> Specific interventions are triggered at a lower blood lead level than what is mandated <input type="checkbox"/> Specific interventions are triggered at a higher blood lead level than what is mandated <input type="checkbox"/> Focus is on targeting younger children <input type="checkbox"/> Other; please specify: _____</p>	<p>24c.</p> <p><input type="checkbox"/> Resources for the program <input type="checkbox"/> Resources for testing <input type="checkbox"/> Working with providers <input type="checkbox"/> Education and/or outreach to providers <input type="checkbox"/> Education and/or outreach to public <input type="checkbox"/> Education and/or outreach to targeted populations <input type="checkbox"/> Accessing Medicaid program data <input type="checkbox"/> Other; please specify: _____</p>
<p>25. a. non-Medicaid-enrolled children less than 6 years (72 months) of age?</p> <p><input type="radio"/> Yes <input type="radio"/> No (Skip to question 26) <input type="radio"/> Unknown (Skip to question 26) <input type="radio"/> There is no mandate for non-Medicaid-enrolled children less than 6 years of age (Skip to question 26)</p>	<p>25b.</p> <p><input type="checkbox"/> Specific interventions are triggered at a lower blood lead level than what is mandated <input type="checkbox"/> Specific interventions are triggered at a higher blood lead level than what is mandated <input type="checkbox"/> Focus is on targeting younger children <input type="checkbox"/> Other; please specify: _____</p>	<p>25c.</p> <p><input type="checkbox"/> Resources for the program <input type="checkbox"/> Resources for testing <input type="checkbox"/> Working with providers <input type="checkbox"/> Education and/or outreach to providers <input type="checkbox"/> Education and/or outreach to public <input type="checkbox"/> Education and/or outreach to targeted populations <input type="checkbox"/> Accessing Medicaid program data <input type="checkbox"/> Other; please specify: _____</p>

Section 5: Primary Prevention Strategy

- 26.** Does your program conduct any of the following primary prevention activities? (Select all that apply)
- Link families with young children at high risk for lead poisoning to housing inspection and environmental intervention resources
 - Evaluate lead-safe housing status of the community by conducting systematic environmental investigation activities (such as lead dust wipes, visual inspections, paint chip and soil analysis) based on the high-risk status of the housing (i.e. pre-1950 housing in poor condition), compiling those data in an electronic format, and developing an ongoing evaluation component
 - Have codified specifications for lead-safe housing treatments
 - Lead hazard identification has been incorporated into ongoing housing code or other inspections as a result of partnerships with housing agencies

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- Assure that policy changes needed to promote childhood lead poisoning prevention and lead-safe environments are recommended and supported with data
- Collaborate with other agencies and organizations and incorporate lead poisoning educational information into other health, housing, and community services that reach high-risk families
- Conduct family and community education that support primary prevention activities
- Conduct professional health education, risk communication, and/or training activities to increase lead poisoning prevention awareness
- When a child is identified with lead poisoning, require that environmental testing of adjacent units is conducted
- Require that housing units identified previously as sources for lead exposure for child are prioritized for remediation
- Lead-safe training sessions occur at least quarterly
- Provide resources to help families reduce lead hazards in their homes
- Require that all lead abatement contractors are certified and that all renovation and other contractors who work in pre-1978 housing are trained in lead-safe work practices
- Replace lead service lines
- Replace drinking fountains
- None of the above

27. Has your jurisdiction's program developed a lead elimination plan or goal?

- Yes
- No (Skip to question [28](#))
- Unknown (Skip to question [28](#))

27a. Does your jurisdiction's lead elimination plan have any measures? (Select all that apply)

- Quantifiable standard
- Timeline for goals
- Other; please specify: _____
- None of the above

27b. Does your jurisdiction's lead elimination plan include any of the following components? (Select all that apply)

- Primary prevention plan
- Testing plan
- CLPPP workplan
- Laws/regulations and/or policy plan
- Other; please specify: _____
- None of the above

28. Does your jurisdiction's program target high-risk areas and/or populations?

- Yes; Our jurisdiction targets both high-risk areas and populations
- Yes; Our jurisdiction targets only high-risk areas

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- Yes; Our jurisdiction targets only high-risk populations
- No
- Unknown

29. Does your jurisdiction publish GIS maps of high-risk areas and/or populations for public use?

- Yes, GIS maps of both high-risk areas and populations are published
- Yes; GIS maps of only high-risk areas are published
- Yes; GIS maps of only high-risk populations are published
- No
- Unknown

Continue to Section 6, beginning on the next page.

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Section 6: Program Services

Section 6: Program Services Answer Key	
I:	≥3.5 µg/dL
II:	≥5 µg/dL
III:	≥10 µg/dL
IV:	≥15 µg/dL
V:	≥20 µg/dL
VI:	≥45 µg/dL
VII:	≥70 µg/dL
VIII:	Not applicable

At what confirmed blood lead level do you initiate the following actions according to your jurisdiction's case definition for lead in blood for children less than 6 years (72 months) of age?

30. Administrative		
Action	Mandated Blood Lead Level	Practiced Blood Lead Level
Phone call	30a. _____	30b. _____
Mail letter and/or brochure	30c. _____	30d. _____
Refer patient for services	30e. _____	30f. _____
Begin coordination of services	30g. _____	30h. _____
31. Assessment and Remediation of Residential Lead Exposure		
Action	Mandated Blood Lead Level	Practiced Blood Lead Level
Inspection of the child's home and other sites	31a. _____	31b. _____
Obtain a history of the child's exposure to potential lead hazards	31c. _____	31d. _____
Measure environmental lead levels in the home and other sites	31e. _____	31f. _____
Educational interventions to reduce ongoing exposure	31g. _____	31h. _____
Abatement interventions to reduce ongoing exposure	31i. _____	31j. _____
32. Medical Assessment and Interventions		
Action	Mandated Blood Lead Level	Practiced Blood Lead Level
Caregiver lead education (nutritional and environmental)	32a. _____	32b. _____
Follow-up blood lead monitoring and testing	32c. _____	32d. _____
Complete history and physical exam	32e. _____	32f. _____
Complete neurological exam	32g. _____	32h. _____

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Labwork (e.g. hemoglobin or hematocrit, iron status)	32i. _____	32j. _____
Temporary measures for lead hazard reduction	32k. _____	32l. _____
Permanent measures for lead hazard reduction	32m. _____	32n. _____
Neurodevelopmental monitoring	32o. _____	32p. _____
Abdominal x-ray with bowel decontamination	32q. _____	32r. _____
Chelation therapy	32s. _____	32t. _____
33. Nutritional Assessment and Interventions		
Question	Mandated Blood Lead Level	Practiced Blood Lead Level
Diet evaluation	33a. _____	33b. _____
Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	33c. _____	33d. _____
Referral to nutritionist	33e. _____	33f. _____
34. Developmental Assessment		
Question	Mandated Blood Lead Level	Practiced Blood Lead Level
Conduct developmental assessment	34a. _____	34b. _____
Refer for diagnostic evaluation for neurodevelopmental issues	34c. _____	34d. _____
Refer for early intervention/stimulation programs	34e. _____	34f. _____

35. Are any of these actions implemented by all or some local health departments rather than at the state health department level?

- Phone call
- Mail letter and brochure
- Refer patient for services
- Begin coordination of services
- Caregiver lead education (nutritional and environmental)
- Inspection of the child's home and other sites
- Obtain a history of the child's exposure to potential lead hazards
- Measure environmental lead levels in the home and other sites
- Educational interventions to reduce ongoing exposure
- Abatement interventions to reduce ongoing exposure
- Follow-up blood lead monitoring and testing
- Complete history and physical exam

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- Complete neurological exam
 - Labwork (e.g. hemoglobin or hematocrit, iron status)
 - Temporary measures for lead hazard reduction
 - Permanent measures for lead hazard reduction
 - Neurodevelopmental monitoring
 - Abdominal x-ray with bowel decontamination
 - Chelation therapy
 - Diet evaluation
 - Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - Referral to nutritionist
 - Conduct developmental assessment
 - Refer for diagnostic evaluation for neurodevelopment issues
 - Refer for early intervention/stimulation programs
 - None of the above (Skip to question [37](#))
- 36.** Are action(s) implemented by the local health department at a different blood lead level than levels set by the state health department?
- Yes, the actions are implemented at a lower blood lead level
 - Yes, the actions are implemented at a higher blood lead level
 - No, the actions are implemented at the same blood lead level
- 37.** Does your program receive Medicaid reimbursement for any of the following lead poisoning prevention related services? (Select all that apply)
- Phone call
 - Mail letter and brochure
 - Refer patient for services
 - Begin coordination of services
 - Caregiver lead education (nutritional and environmental)
 - Inspection of the child's home and other sites
 - Obtain a history of the child's exposure to potential lead hazards
 - Measure environmental lead levels in the home and other sites
 - Educational interventions to reduce ongoing exposure
 - Abatement interventions to reduce ongoing exposure
 - Follow-up blood lead monitoring and testing
 - Complete history and physical exam
 - Complete neurological exam
 - Labwork (e.g. hemoglobin or hematocrit, iron status)
 - Temporary measures for lead hazard reduction
 - Permanent measures for lead hazard reduction
 - Neurodevelopmental monitoring

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- Abdominal x-ray with bowel decontamination
- Chelation therapy
- Diet evaluation
- Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?
- Referral to nutritionist
- Conduct developmental assessment
- Refer for diagnostic evaluation for neurodevelopment issues
- Refer for early intervention/stimulation programs
- None of the above