

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE**

Dear \_\_\_\_\_:  
*Child Care Consultant*

On \_\_\_\_\_, an environmental investigation was conducted at \_\_\_\_\_ by representatives from the \_\_\_\_\_ County Health Department and the NC Department of Health and Humans Services. The investigation revealed lead poisoning hazards in the areas identified in the attached report. As you are aware, this Department can require remediation of lead poisoning hazards only if a child under 6 years of age has confirmed lead poisoning. In this case, there have been no children identified with blood lead levels of 10 ug/dL or greater who attend the facility. However, your Department does require remediation when lead poisoning hazards are identified. (Memorandum from Anna S. Carter). Consistent with the agreement within the Department of Health and Human Services programs, the \_\_\_\_\_ County environmental health specialist and the regional environmental health specialist will review the remediation plan submitted to you by \_\_\_\_\_ and advise you in writing on whether or not the plan complies with the remediation requirements set forth in the laws governing the prevention of childhood lead poisoning. In addition, upon notification of the completion of remediation activities, the local and regional environmental health specialists will verify the completion of the remediation activities.

Remediation plans and requests for verification of plan completion should be submitted to me at the address listed above.

Sincerely,

Authorized Agent

cc: Regional Environmental Health Specialist