

**Report to the Legislature:
Lead Testing in Minnesota Drinking Water in Early Care and Education Settings**



02/2026

Minnesota Drinking Water: Lead Testing in Early Care and Education Settings

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Executive Summary

In 2023, several statutory changes impacting the Minnesota Department of Health (MDH) lead in drinking water program for schools and child care centers were made, including:

- A 5 part per billion (ppb) remediation threshold was set. This means when a facility finds lead in drinking water at or above 5 ppb for lead, they must not use the affected fixture and must make it inaccessible until remediated or retested.
- A requirement for facilities to begin reporting results and remediation data to MDH beginning in July 2024 was established. Note that this will be an ongoing task, and a complete, statewide set of results will take up to 5 years to develop based on the testing frequency of schools and child centers in Minnesota.
- A requirement for MDH to post test results and remediation efforts online was created.
- Authorization of a Lead in Drinking Water Remediation Grant for use by schools and childcare providers was made.

In response to these statutory requirements, MDH has implemented multiple actions, including:

- MDH undertook extensive outreach efforts to schools and child care providers to educate them regarding statutory requirements, in coordination with multiple partner agencies and organizations. MDH also built up staff and data system capacity to support results processing and review, as well as technical assistance to facilities.
- MDH launched an online results and remediation reporting map and dashboard. In addition to meeting statutory requirements, this allows us to better see and understand public health risks from lead in drinking water in these facilities. As of February 2026, over 11,000 results have been reported from over 450 facilities across Minnesota. To date, child care centers have reported approximately 3% of results at or above the 5 ppb remediation trigger and schools have reported approximately 18% of results above the trigger. For both types of facilities, most results show no detection for lead.
- MDH has developed and implemented a remediation grant program that has awarded \$360,709 dollars during FY 24 and FY25. This grant is authorized until FY27 and will award \$239,000 in each remaining year.

Informed by implementation of the statutory requirements to date, as well as current knowledge and science regarding the presence and effect of lead in drinking water, MDH offers the following recommendations:

- Continue to authorize remediation grants to be used by schools and child care providers across Minnesota. Consider the integration of small dollar grants and/or direct filter provision to allow for expedient, targeted remediation at smaller facilities.
- Continue to use 5 ppb as a remediation trigger. Schools and child care providers have demonstrated that they can reduce lead levels through testing and water management planning within their buildings. While there is no safe level of lead and MDH provides guidance for action at every level of lead in drinking water, this trigger provides a guideline for facilities to use in knowing when fixture removal/replacement, or filtering, should be employed. The level is consistent with other

states and national thresholds. We recommend regularly reviewing the latest science and data in the future to assess if changes may be needed.

- Evaluate the level of enforcement authority and capacity to require changes if a facility does not follow the statute. Currently MDH provides education and outreach to assist facilities to meet the statute but does not utilize a formal enforcement approach or have capacity to do so.

Purpose

This report is produced to meet the legislative requirements in Minnesota State Statute 121A.3335. Statute 121A.3335 governs lead in drinking water testing in schools specifically and requires that the Minnesota Department of Health commissioner report to the legislative committees having jurisdiction over health and kindergarten through grade 12 education any recommended changes to the statute. The recommendations must be based on currently available scientific evidence regarding the effects of lead in drinking water. Lead in early care and education facilities include both schools and child care providers and this report includes a historical overview of requirements for lead testing at these facilities, summary of federally and state funded programs, that support testing, remediation and transparency at MDH.

Minnesota Lead Results Reporting

In 2023, Minnesota State legislature required public schools and child care centers to report results and remediation actions to MDH. Family child care providers were not included in the legislation. MDH conducted a consultation with schools and child care providers on methods to request results and remediation actions. MDH is required to make the results and remediation actions we receive publicly available.

Public schools, charter schools, and child care centers must report lead results and remediation actions to MDH annually beginning July 1, 2024. Schools and child care centers have different reporting requirements. These facilities use the spreadsheet template and instructions to report results to MDH. Other facilities (such as family child care, community programs, etc.) are encouraged to make results readily available to parents and staff but are not required to report the results to MDH.

- [Results Reporting Instructions and FAQ \(PDF\)](#)
- [Lead Results and Remediation Reporting Spreadsheet \(Excel\)](#)

MDH provides results and remediation to the public using an interactive map and spreadsheet of all data. A spreadsheet of all of the data is available for download at [Facility Map Data \(Excel\)](#). This spreadsheet will be periodically updated as new data is added to the map but may not be updated in real-time with the map. The interactive live map, [Minnesota Lead in Drinking Water in Early Care and Education Facilities Map - MN Dept. of Health](#) shows results by facility or address. MDH reviews all submitted data before it is published on the webpage. It is important to recognize that not all facilities will have data on the map yet as facilities are only required to test once every 5 years and only data from August 2023 and beyond is required to be reported. All facilities required to collect data should have been reported *at least once* by 2028.

Table 1: Results Reporting Summary Data as of February 2026

Facility Type	Number of Facilities Reporting	Number of Total Results Reported	Number of Results above 5ppb.	Number of Results With Any Detection	Number of Results with No Detection
Child care Center	195	2125	55	316	1754
School	230	9012	917	2933	5162
Total	425	11137	972	3249	6916

Schools and child care Centers must remove fixtures from service that are above 5 ppb until they remediate. Remediation may include developing flushing programs, replacing filters, installing filters, cleaning aerators, removal or replacement of fixtures. Facilities may not use fixtures with over 5 ppb until the lead is remediated, and they have retested to demonstrate lead is below 5 ppb. We see that overall child care centers that have reported see 3% of sample results above 5 ppb and overall schools that have reported see 18% of fixtures above 5 ppb. Testing is a vital part of ensuring schools and child care providers know when lead is present and can act when it is high. Differences in detections between schools and child care centers are likely related to several differences but include:

- Age of infrastructure –older infrastructures is more likely to have more lead detected and have plumbing that contains more lead. Pre 1986 buildings are most at risk for lead solder and higher lead in plumbing materials.
- Size of building distribution system and number of fixtures. Large school buildings have more opportunities for water to stagnate or for variable use to impact some fixtures more than others.
- child care facilities often have less fixtures than school buildings.
- Water use patterns in child care facilities tend to be open year around with less breaks and closures.

More information about the information reported can be found at the [Results and Metrics](#) page.

Federal Support for Lead in Drinking Water Testing in Minnesota

In 2019, MDH received an initial federal Water Infrastructure Improvements for the Nation (WIIN) grant from the United States EPA to develop a voluntary lead in drinking water testing program for public schools, charter schools, licensed child care providers, and Head Start programs. This program is designed to provide free sample kits and laboratory analysis for lead in drinking water. MDH helps ECES interpret, communicate, and report their results to meet state requirements. If a facility has results at or above the state threshold of 5 ppb MDH staff provide information on remediation options and facilities may conduct retests to verify remediation actions were successful.

Who is eligible to apply:

- Head Start Programs.

- Licensed child care Programs (both public and private, centers and family).
 - Local Education Agency such as public or charter schools.
 - A Local Education Agency (as defined in section 8101 of Elementary and Secondary Education Act of 1965 [20 U.S.C. 7801]).
- **MDH may prioritize sampling at facilities to target those most at risk such as:**
 - Schools and child care providers in underserved and/or low-income communities (e.g., schools with at least 50% of the children receiving free and reduced lunch or Head Start facilities).
 - Facilities that primarily care for children 6 years and under.
 - Older facilities that are more likely to contain lead plumbing, built before 1986.

Participants must:

1. Apply for enrollment by completing [Minnesota Lead in Schools and child cares Testing Program Application](#) form.
2. After the application for enrollment, the facility staff responsible for conducting the sampling must attend a virtual training session before sample kits are sent to the facility. MDH will contact the facility about upcoming training sessions.
3. Complete sampling following the EPA: [3Ts for Reducing Lead in Drinking Water Toolkit](#) or the MDH [Model Plan](#) for reducing lead.
4. Notify staff, families, and MDH of the availability of the results once results are available.

MDH has continued to receive EPA WIIN Grant allotments for this project which provides funds for continued testing in schools and child care providers in Minnesota. In Minnesota this grant is currently only utilized for lead testing because we have a state requirement for regular testing. Schools may also use their MDE Long-Term Facilities Maintenance plan funds for testing/remediation.

Minnesota Remediation Grant

MDH developed a grant program for the purpose of remediating identified sources of lead in drinking water in schools and licensed child care providers. Funding for this project was authorized during the 2023 Minnesota Legislative Session and comes from the general fund for grants under Minnesota Statutes, section 145.9275. Funds authorized include FY24 \$146,000, and \$239,000 for FY25, FY26, and FY27. These grants fund projects that seek to reduce lead in drinking water in schools and child care providers. Examples of eligible grant activities include:

- Removing or replacing drinking water fixtures, fountains, or outlets.
- Installing filters certified to remove lead or purchasing replacement filters.
- Replacing plumbing materials that contain lead.
- Installing automatic flushing devices to reduce stagnation of drinking water which may allow lead levels to build.

This program prioritizes funding to projects that demonstrate the need for remediating sources of lead in drinking water. Projects with documented lead sources serving the most at-risk populations are

prioritized. Grants are awarded through a request for proposals (RFP) process to schools and licensed child care providers. Priority is given to schools and licensed child care providers with higher levels of lead detected in water samples, evidence of lead service lines, or lead plumbing materials and school districts that serve disadvantaged communities.

More grant information and application materials are available at [Lead Remediation in Drinking Water in Schools and child care Settings Grant Program](#). This program has funding for FY26 and FY27. After FY27 the program will need to be reauthorized, or alternative funding sources will need to be found to continue to support this remediation program. Summary information can be found on our [By the Numbers: Program Dashboard](#) and a list of projects that have been or are currently being supported is listed below in Table 2.

Program details: Applicants for the FY24 cycle had a \$15,000 maximum award and \$8,000 minimum award. For FY2025, after gathering data on costs and expected number of applicants the maximum was raised to \$20,000 and the minimum was removed. This was to support the differences in costs associated with schools that may be doing remediation as part of a larger infrastructure project (fixture removals and replacements being the largest remediation category) and child care providers which typically have much smaller projects (most commonly adding a filter or replacing a single faucet). Applicants must have data showing they have a lead in drinking water issue to receive funds, applicants that have not yet tested for lead are encouraged to apply to our testing program.

Recommendations: MDH recommends continued authorization of remediation funds for schools and child care programs. MDH intends to move this to a rolling application process to better respond to needs of ECEs as they respond to test results. Facilities may not use fixtures that test over 5 ppb, and this can be a burden if other fixtures are not available or if the grant application window is closed. MDH is also evaluating partnerships with other agencies to provide a simpler application process for facilities that need only a point of use filter or replacement filters.

Table 2: List of Projects Supported for Lead Remediation in FY 24 and FY 25

Facility Name	Amount Requested	Amount Awarded	Fiscal Year	Remediation Action Summary
Independent School District (ISD) 0011 - Coon Rapids High School	15,000.00	15,000.00	2024	Fixture/Plumbing Replacements
ISD 0011 - Sandburg High School	15,000.00	15,000.00	2024	Fixture/Plumbing Replacements
ISD 0014 - Fridley	15,000.00	15,000.00	2024	Fixture Replacements

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Facility Name	Amount Requested	Amount Awarded	Fiscal Year	Remediation Action Summary
ISD 0177 - Windom	15,000.00	15,000.00	2024	Fixture Replacements
ISD 0241 - Albert Lea	15,000.00	15,000.00	2024	Fixture Replacements, Install Filters
ISD 0492 - Austin	5,125.00	5,125.00	2024	Fixture Removals and Fixture Replacements
ISD 0534 - Stewartville	15,000.00	15,000.00	2024	Fixture Removals and Fixture Replacements
ISD 0742 - Waite Park	6,000.00	6,000.00	2024	Fixture Replacements
ISD 0881 - Maple Lake	15,000.00	15,000.00	2024	Fixture Replacements
ISD 0885 - Albertville - Big Woods Elementary	8,252.32	8,252.32	2024	Fixture Replacements
ISD 0885 - Albertville - Middle School East	10,729.64	2,552.08	2024	Fixture Replacements
ISD 0885 - Albertville - Middle School West	15,000.00	15,000.00	2024	Fixture Replacements
child care: Tri-Valley Opportunity Council	4,070.60	4,070.60	2024	Install Filters
child care: Children's Discovery Academy - Little Canada	5,250.00	5,250.00	2025	Fixture Replacement
child care: First Steps child care	949.00	949.00	2025	Fixture Replacements
ISD 0095-Cromwell-Wright Public School	20,000	18,800.00	2025	Fixture Replacements
ISD 0177 - Windom	11,000.00	11,000.00	2025	Fixture Replacements
ISD 0534 - Stewartville Public Schools	20,000.00	20,000.00	2025	Fixture Replacements

MN Drinking Water: Lead Testing in ECES

Facility Name	Amount Requested	Amount Awarded	Fiscal Year	Remediation Action Summary
ISD 0578 - Pine City Public Schools	15,873.76	15,875.00	2025	Install Filters
ISD 0709 - Lincoln Park Middle School	20,000.00	20,000.00	2025	Install Filters
ISD 0709 - Piedmont Elementary	20,000.00	20,000.00	2025	Install Filters
ISD 0709 - Stowe Elementary	20,000.00	20,000.00	2025	Install Filters
ISD 0742-Saint Cloud Public Schools	20,000.00	20,000.00	2025	Fixture Replacement
ISD 2144 - Chisago Lake Area Schools	17,850.15	17,850.00	2025	Fixture Replacement
child care: Little Newton's Operating LLC	20,000.00	20,000.00	2025	Install Filters
child care: Our Saviors Lutheran Church and School	12,000.00	12,000.00	2025	Fixture Replacement
Private School/child care: St. Peter & Paul School	2,985.00	2,985.00	2025	Fixture Replacements
ISD -St. Paul School of Northern Lights	10,000.00	10,000.00	2025	Fixture Replacements
Total:	370,085.47	360,709.00		

History of Lead Testing in Early Care and Educational Settings in Minnesota

Lead is a toxic material known to be harmful to human health if ingested or inhaled. Research has shown that exposure to lead is associated with adverse mental, physical, and behavioral effects on children. The current scientific consensus is that there is **no safe level** of lead exposure. Due to lead's health effects and the special circumstances that make lead a concern in public schools and child care centers, referred to as Early Care and Educational Settings (ECES), a number of legal requirements and guidance materials exist that are applicable to reducing lead in ECES drinking water.

Over thirty years ago, the work of reducing lead in schools drinking water officially began. In 1988 the federal [Lead Contamination Control Act 1988 \(PDF\)](#), was passed with the intent to identify and reduce

lead in drinking water at schools. It relied on voluntary compliance by individual schools and school districts. While addressing lead risk reduction in general, it focused on certain models of water coolers in existence at the time of the law's enactment. Although compliance with the Lead Contamination Control Act is voluntary, schools were encouraged to review its recommendations and consider implementation where appropriate. The United States Environmental Protection Agency (EPA) developed federal guidance, **3Ts: Training, Testing and Telling** now known as **3Ts: Training, Testing and Taking Action** to assist schools. Beginning in 1989, MDH developed its first guidance document addressing lead in school drinking water. The current MDH guidance document, the [Model Plan: Reducing Lead in Drinking Water](#) continues to be updated to incorporate changes made to the EPA guidance and additional modifications to conform with requirements of Minnesota Statutes. The EPA 3Ts and MDH Model Plan are referenced in Statute but there are no rules associated with either.

Minnesota's School Testing Requirements

For schools, and child care providers, the source of lead in drinking water is primarily from lead in older fixtures or solder which gets into water when the water has extended contact with the plumbing such as during breaks and closures. The only way to determine how much lead may be present in drinking water is to have the water tested.

Minnesota's first rule requiring schools to test was passed in 2017, amended in 2019, and adopted the current version in 2023. Since 2023, the state statutory requirement, [MN State Statute 121A.335](#) requires public and charter schools to have a plan for efficiently and accurately testing for lead in drinking water in public school buildings by using the technical guidance/model plan developed by MDH, the 3Ts (Training, Testing, and Taking Action) guidance created by the United States EPA or by adopting an alternative plan. Under this state law, each tap or fixture providing water for drinking or food preparation must be tested at least every five years. Each fixture is tested because water usage and plumbing materials can vary fixture to fixture. Some form of lead hazard reduction should be implemented for taps where lead is found at or above 5 parts per billion (ppb). The statute also requires that schools report lead results to families, and the law applies in addition to any other current testing requirements.

Minnesota's child care Testing Requirements

In 2023, a new state law, [MN Statute 145.9273](#), was passed requiring licensed or certified child care center providers to test for lead in drinking water in all fixtures used for consumption. The law states that child care should use the same guidance document schools use to test for lead in drinking water as well as meet reporting requirements and remediate when lead is over 5ppb.

For the purposes of Minnesota state testing requirements "licensed or certified child care provider" means a child care center licensed under Minnesota Rules, chapter 9503, or a certified license-exempt

child care center under chapter 245H. Additionally, MDH recommends that all child care providers test for lead, including family child care providers.

Head Start programs that are also child care centers must follow the Minnesota child care statutes for testing and are also subject to the federal Office of Head Start (OHS) policies regarding testing for lead in drinking water. Using this technical guidance will help Head Start programs meet the OHS requirements for lead in water testing. Head Start programs often must meet requirements from both MN State Statute and the federal Office of Head Start Policy and Regulations. The federal Office of Head Start Policy and Regulations include [1302.47 \(b\) \(10\) Safety Practices - Lead](#), effective October 2024.

Additional Recommended Testing for Other ECES

Additionally, beyond the statutory requirements, MDH recommends that other facilities such as family child care providers, private schools, community centers, or other locations serving infants, preschoolers, and children test for lead to identify and reduce lead in drinking water. If a building or business is occupied by children for a large portion of the day or children would receive a significant proportion of their drinking water from the facility, then testing for lead regularly is encouraged but not required.

Model Plan and Communications Toolkits

The [Model Plan and Technical Guidance](#) is designed to assist Minnesota's public school districts, charter schools, Head Start programs and child care programs, in minimizing the exposure of students and staff to lead in drinking water. It also contains the model plan for lead testing of school and child care drinking water as required under [MN State Statute 121A.335](#) and [MN Statute 145.9273](#). Minnesota Statutes, section 121A.335 requires schools to either adopt the technical guidance outlined in this document or develop and adopt an alternative plan that accurately and efficiently tests for the presence of lead in water in public school buildings serving students such as the 3Ts (Training, Testing, and Taking Action) guidance created by the United States EPA. The statute further directs that this technical guidance be based on "standards established by the United States EPA" and current MDH guidance. In addition to describing required aspects (planning, testing, remediating, reporting), this document also presents flexible guidance that ECES can use in meeting their individual needs most efficiently. While this document is referenced in Statute there are no state rules associated with this guidance. The state program for lead testing is not an enforcement-based program and relies on education and outreach for compliance.

MDH has developed an [Education and Communication Toolkit](#) for schools and child cares ([Education and Communication Toolkit: Reducing Lead in Drinking Water in child care Settings](#)). The toolkits provide resources to assist interested audiences in becoming educated regarding the requirements of lead legislation as well as communicating test results to parents, guardians, and the public. The

include easy-to-use communication templates, resources, and tips. MDH regularly reviews and updates the Model Plan based on changes to federal guidance or state statute.

Impact of Federal Regulations on Minnesota

Currently, Minnesota state laws for schools and child cares are more stringent than federal rules and consider federal guidance documents such as the EPA 3Ts. However, there are several federal considerations for schools and child care providers such as Head Start Programs. For example, and as previously described, the federal Lead Contamination Control Act promotes reduction of lead in drinking water by focusing on certain models of water coolers. Other important federal considerations are described in the following paragraphs.

The federal Safe Drinking Water Act (SDWA) Lead and Copper Rule (LCR) was first passed in 1991, updated in 2007, revised in 2020, and improved 2024 and applies to the public water system (PWS) supplying drinking water to a school building. PWS sample for lead following the LCR. Compliance is based on the 90th percentile concentration value from samples collected at different points in the PWS. This is a statistical calculation used to determine when a PWS must explore options to reduce lead in the water in the whole system, as the action levels to which the 90th percentile values are compared are not health-based. Testing under these rules prioritizes single family residences. Therefore, a school or child care provider served by a community water supply will not be tested under the LCR. It is also possible for a public water system to comply but for any individual building to still have lead in water depending on the building plumbing and water usage patterns.

However, if a school or child care provider has a private well and has 25 or more staff and students, they are classified as Nontransient Noncommunity PWS and must test for lead under the LCR. Noncommunity Nontransient information is found at [Schools, Offices, Factories, and child care \(Noncommunity Nontransient\)](#). In 2021 and 2023, the Lead and Copper Rule was revised, and then further improvements were proposed. The revisions require public water systems to offer *limited* testing and provide public education to schools and child care providers. This testing would require a water system to identify all schools and licensed child care providers that it serves and provide 20% of schools and child care providers with testing each year for 5 years. Community water systems will be required to provide five samples per school building and two samples per child care. provider This testing does not replace state requirements and is designed to prompt schools to start their own testing programs using state guidance or the EPA 3Ts. More information on the LCR is available at [Lead and Copper Rule](#). The full rule is found at [Lead and Copper Rule 40 CFR Part 141 Subpart I](#).

Minnesota statutes that support lead testing in schools and child care centers also provide an opportunity to reduce the burden of federal law on public water systems. MN state law requires schools and child care centers to test and remediate which will allow most MN systems to be waived from LCR testing requirements. Lead found in most school and child care facilities are most often due to building plumbing maintenance and usage and testing each fixture rather than the small number of

fixtures specified in the new lead and copper rule used the best way to ensure a reduction in exposure to lead for children.

Head Start programs must meet requirements from both MN State Statute and the federal Office of Head Start Policy and Regulations. The federal Office of Head Start Policy and Regulations include [1302.47 \(b\) \(10\) Safety Practices - Lead, effective October 2024. 1302.47 \(b\) \(10\) Exposure to lead in water and paint prevention practices](#). This requires Head Start programs to develop a plan to prevent children from being exposed to lead in water and paint in Head Start facilities. In facilities where lead may exist, a program must implement ongoing practices, including testing and inspection at least every two years, with support from trained professionals. As needed, a program must pursue remediation or abatement to prevent lead exposure. Head Start programs should pay particular attention to the two-year testing frequency requirement as compared to the five-year testing requirement under state statute.

Summary and Recommendations

Currently, MDH has implemented results reporting and public dashboard for schools and child care centers that are required to report results and remediation actions to MDH. Reporting results is an ongoing process and will take several years to get results from all schools and child care centers covered under state statute.

No change to the 5-ppb remediation trigger is recommended currently. An initial concern with the 2023 statute was whether facilities would be able to meet the 5ppb state remediation trigger, previously no trigger for remediation had been set and facilities typically chose to remediate at 15ppb or 20 ppb. Facilities have consistently demonstrated that most results are well below 5 ppb when regular maintenance and testing is done. child care centers that have reported have 3% of results above 5 ppb and schools having 18% of results above 5 ppb. Most results are non-detect for both schools and child care centers. Testing still provides an ongoing check that lead levels have not built up in a facility's plumbing system. As water quality and water usage patterns in facilities may change as building use changes or as plumbing/building construction occurs it's important to have a regular testing program to catch instances where lead may get into the water.

Ongoing support for routine facilities maintenance and catching up with deferred maintenance is important for reducing risk of lead in drinking water. Schools that find lead and need to remediate have several options for funding remediation. Schools can utilize the Minnesota Department of Education Long-Term Facilities Maintenance Fund or may apply to the MDH Remediation grant. The MDH Remediation grant will end in 2027 unless reauthorized. Associated state funding also supports MDH staff that review and process results and remediation data for the public portal. MDH recommends maintaining funding for this program, both grants and staffing, as it benefits both schools

and child care providers. MDH further recommends the integration of small dollar grants and/or direct filter provision to allow for expedient, targeted remediation at smaller facilities.

Consider what authority or level of oversight over schools and child care providers to comply with the lead in drinking water statutes is desired. Currently if a facility has not tested there is little outside of education and outreach that MDH has capacity or authority to do. This could also include rulemaking to better ensure that either the Model Plan or the 3Ts are more carefully followed.

In a time when funding for schools and child care facilities is in flux maintaining current levels of support is important to ensure that public health concerns continue to be addressed. With competing priorities for staff time, and funding, maintaining dedicated funds for lead reduction can help facilities offset other losses in funding.

Glossary of Terms and Acronyms

DHS- Minnesota Department of Human Services

ECES- Early Care and Education Settings

EPA – United States Environmental Protection Agency

IDS – Independent School District

LCR- Lead and Copper Rule

LCRI- Lead and Copper Rule Improvements

LCRR- Lead and Copper Rule Revisions

MDH- Minnesota Department of Health

MDE- Minnesota Department of Education

MN- Minnesota

Parts per billion (ppb)- Parts per billion

PWS - Public Water System

µg/L- microgram per Liter

SDWA – Safe Drinking Water Act

WIIN – Water Infrastructure Improvements for the Nation

References

Applicable references are alphabetized below.

[By the Numbers: Program Dashboard - MN Dept. of Health](https://www.health.state.mn.us/communities/environment/water/schools/leaddashboard.html)

[\(https://www.health.state.mn.us/communities/environment/water/schools/leaddashboard.html\)](https://www.health.state.mn.us/communities/environment/water/schools/leaddashboard.html)

[Education and Communication Toolkit](https://www.health.state.mn.us/communities/environment/water/docs/toolkit.pdf)

[\(https://www.health.state.mn.us/communities/environment/water/docs/toolkit.pdf\)](https://www.health.state.mn.us/communities/environment/water/docs/toolkit.pdf)

[Education and Communication Toolkit: Reducing Lead in Drinking Water in child care Settings](https://www.health.state.mn.us/communities/environment/water/docs/toolkitccare.pdf)

[\(https://www.health.state.mn.us/communities/environment/water/docs/toolkitccare.pdf\)](https://www.health.state.mn.us/communities/environment/water/docs/toolkitccare.pdf)

[3Ts for Reducing Lead in Drinking Water Toolkit \(https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water-toolkit\)](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water-toolkit)

[Exposure to lead in water and paint prevention practices \(https://headstart.gov/policy/45-cfr-chap-xiii/1302-47-safety-practices?redirect=eclkc\)](https://headstart.gov/policy/45-cfr-chap-xiii/1302-47-safety-practices?redirect=eclkc)

[Facility Map Data \(Excel\)](https://www.health.state.mn.us/communities/environment/water/docs/facilitymapdata.xlsx)

[\(https://www.health.state.mn.us/communities/environment/water/docs/facilitymapdata.xlsx\)](https://www.health.state.mn.us/communities/environment/water/docs/facilitymapdata.xlsx)

[Lead and Copper Rule \(https://www.epa.gov/dwreginfo/lead-and-copper-rule\)](https://www.epa.gov/dwreginfo/lead-and-copper-rule)

[Lead and Copper Rule 40 CFR Part 141 Subpart I \(https://www.ecfr.gov/current/title-40/chapter-I/subchapter-D/part-141#subpart-I\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-D/part-141#subpart-I)

[Lead Contamination Control Act \(LCCA\), July 1989 \(https://www.epa.gov/sites/default/files/2015-09/documents/epalccapamphlet1989.pdf\)](https://www.epa.gov/sites/default/files/2015-09/documents/epalccapamphlet1989.pdf)

[Lead Remediation in Drinking Water in Schools and child care Settings Grant Program](https://www.health.state.mn.us/communities/environment/water/com/leadremgrant.html)

[\(https://www.health.state.mn.us/communities/environment/water/com/leadremgrant.html\)](https://www.health.state.mn.us/communities/environment/water/com/leadremgrant.html)

[Lead Results and Remediation Reporting Spreadsheet \(Excel\)](https://www.health.state.mn.us/communities/environment/water/docs/leadreporttemplate.xlsx)

[\(https://www.health.state.mn.us/communities/environment/water/docs/leadreporttemplate.xlsx\)](https://www.health.state.mn.us/communities/environment/water/docs/leadreporttemplate.xlsx)

[Model Plan](https://www.health.state.mn.us/communities/environment/water/schools/modelplan.html)

[\(https://www.health.state.mn.us/communities/environment/water/schools/modelplan.html\)](https://www.health.state.mn.us/communities/environment/water/schools/modelplan.html)

[MN State Statute 121A.335 \(https://www.revisor.mn.gov/statutes/cite/121A.335\)](https://www.revisor.mn.gov/statutes/cite/121A.335)

[MN Statute 145.9273 \(https://www.revisor.mn.gov/statutes/cite/145.9273\)](https://www.revisor.mn.gov/statutes/cite/145.9273)

[Minnesota Lead in Drinking Water in Early Care and Education Facilities Map - MN Dept. of Health](https://www.health.state.mn.us/communities/environment/water/schools/facilitymap.html)

[\(https://www.health.state.mn.us/communities/environment/water/schools/facilitymap.html\)](https://www.health.state.mn.us/communities/environment/water/schools/facilitymap.html)

MN Drinking Water: Lead Testing in ECES

[Minnesota Lead in Schools and child cares Testing Program Application](https://120water.formstack.com/forms/minnesota_lead_in_schools_testing_program_application)

(https://120water.formstack.com/forms/minnesota_lead_in_schools_testing_program_application)

[Office of Head Start \(<https://headstart.gov/>\)](https://headstart.gov/)

[NSF/ANSI Standard 61, Annex G, Final "Lead Free" Rule \(<https://www.epa.gov/sdwa/use-lead-free-pipes-fittings-fixtures-solder-and-flux-drinking-water>\)](https://www.epa.gov/sdwa/use-lead-free-pipes-fittings-fixtures-solder-and-flux-drinking-water)

[Results and Metrics](https://www.health.state.mn.us/communities/environment/water/schools/results.html)

(<https://www.health.state.mn.us/communities/environment/water/schools/results.html>)

[Results Reporting Instructions and FAQ \(PDF\)](https://www.health.state.mn.us/communities/environment/water/docs/reportinstfaq.pdf)

(<https://www.health.state.mn.us/communities/environment/water/docs/reportinstfaq.pdf>)

[Schools, Offices, Factories, and child care \(Noncommunity Nontransient\)](https://www.health.state.mn.us/communities/environment/water/noncom/nontransient.html)

(<https://www.health.state.mn.us/communities/environment/water/noncom/nontransient.html>)