# Head Start Lead Mitigation Plan

Misty Van Hooser
Date: November 2025

## Goal

Ensure all Head Start facilities are free from lead hazards in water and paint to protect children's health and comply with federal and state regulations.

## Campus Overview & Current Status

| Campus | Water Lead Mitigation | Paint Lead Mitigation | Year Built |
|---|---|---|---|
| AISD Primary | Lead Filter | Only use Non-Lead Paint | 1999 |
| BISD | Lead Testing - City | Only use Non-Lead Paint | 1980 |
| D-LSISD | Lead Filters | Only use Non-Lead Paint | 1960 |
| HSHS | Lead Filter | Only use Non-Lead Paint | 1964 |
| HSISD | Lead Filter | Only use Non-Lead Paint | 1987 |
| Pittsburg HS | Lead Filter | Only use Non-Lead Paint | 1987 |
| Pittsburg ISD | No Lead Pipes | Only use Non-Lead Paint | 2016 |
| Texarkana ISD | No Lead Pipes | Only use Non-Lead Paint | 2025 |

## Action Plan by Category

### 1. Water Safety

- Immediate Actions:
  - Verify functionality and maintenance of existing lead filters.
  - All classroom’s have access to portable water coolers
  - Install water filtration systems in kitchen.

- Long-Term Actions:
  - Work with local LEA partners to ensure no lead pipes are within our facility.
  - Obtain annual water report from the city that provides the water supply.

### 2. Paint Safety

- Immediate Actions:
  - Confirm documentation of non-lead paint usage.
  - Conduct visual inspections for peeling or chipping paint.

- Long-Term Actions:
  - Implement annual paint safety audits.
  - Train maintenance staff on lead-safe work practices.

### 3. Communication & Training

- Provide staff training on lead hazard awareness.

### 4. Monitoring & Compliance

- Create a centralized record keeping system for lead testing and mitigation records.
- Align with EPA and Head Start Performance Standards.
- Schedule annual reviews of lead safety protocols.

## Timeline

| Phase | Timeframe | Key Activities |
|---|---|---|
| Phase 1: Audit | Nov–Feb 2026 | Site inspections, water inspection reports |
| Phase 2: Upgrade | Jan–Jun 2026 | Filter replacements as needed |
| Phase 3: Training | Jul–Aug 2026 | Staff workshops, parent communication |
| Phase 4: Review | Sep–Oct 2026 | Compliance check |

## On-Going Monitoring and Documentation

- Establish a centralized digital system for tracking lead testing results and mitigation actions across all campuses.
- Schedule annual water and paint safety audits to ensure continued compliance with EPA and Head Start standards.

- Maintain detailed records of all inspections, filter replacements, paint applications, and plumbing upgrades.
- Assign designated staff at each campus to oversee lead safety documentation and reporting.
- Review and update the Lead Mitigation Plan annually based on audit findings and regulatory changes.

## Campus Risk Assessment

The following table summarizes the risk level for each campus based on year built and current water mitigation measures. Risk levels are categorized as High, Medium, or Low according to the age of infrastructure and presence of lead-safe plumbing.

| Campus | Year Built | Water Mitigation | Risk Level |
|---|---|---|---|
| AISD Primary | 1999 | Lead Filter | Medium |
| BISD | 1980 | Lead Testing - City | Medium |
| D-LSISD | 1960 | Lead Filters | High |
| HSHS | 1964 | Lead Filter | High |
| HSISD | 1987 | Lead Filter | Medium |
| Pittsburg HS | 1987 | Lead Filter | Medium |
| Pittsburg ISD | 2016 | No Lead Pipes | Low |
| Texarkana ISD | 2025 | No Lead Pipes | Low |

# COMMUNITY SERVICES HEAD START
# FIELD TRIP REQUEST FORM

Date of Request:

Director:

Teacher:

Field Trip Date:

Place:

Purpose of Field Trip:

Departure Time:

Return Time:

Additional Transportation Needed: Yes No

Purchase Requisition Needed: Yes No
**(If yes, attach purchase requisition to request form)**

Admin.Office Only:
Assistant to H.S. Director
initial_____

## Nutrition Information

**Payer Source: ☐ Head Start ☐ USDA ☐ Other**

Posted Menu for day of Field Trip:

Changed Menu for Field Trip:

Teacher Signature — Date

Campus Director Signature — Date

Nutrition Coordinator Signature — Date

Education Coordinator Signature — Date

Revised 11/7/2025

# COMMUNITY SERVICES HEAD START
# ACTIVITY REQUEST FORM

Center:

Director:

Activity Request Date:

Planned Activity and Date of Activity:

Place:

Early Release: ☐ Yes ☐ No
**[ If yes, Give time]** **Time of Release:**

Purchase Requisition Needed: ☐ Yes ☐ No
**(If yes, attach purchase requisition to request form)**

## Nutrition Information

Menu Change: ☐ Yes ☐ No
**{If yes, complete below section}**

**Payer Source: ☐ Head Start ☐ USDA ☐ Other**

**Planned Menu for day of Activity:**

Campus Director Signature — Date

Nutrition Coordinator Signature — Date

Family Engagement Coordinator Signature — Date

Education Coordinator Signature — Date

**Assistant to the H.S. Director Initial: _____Date:_____**

Revised 11/7/2025

Community Services
CSNT
of Northeast Texas, Inc.

# Head Start

*"Building partnerships, changing lives"*

903-756-5596

## *HEARING REFERRAL FORM*

Date: _____

Dear Head Start Parent:

Head Start requires each student receive a hearing screen after entry to school.

Your child _____ has failed the initial hearing test and also his/her follow-up re-screen.

It is suggested that he/she needs further testing by a physician.

Please take this form with you when your child is examined and ask the physician to complete the bottom half. Return completed form to Susan Horner.

Thank you for your cooperation in this matter.

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**Dear Physician,**

Please complete the following check list and return this form at your earliest convenience to:

Susan Horner
Head Start
Nutrition Coordinator
P. O. Box 427
Linden, Tx. 75563
Fax: 903-756-3254

I have examined_____on_____and find the following:
*(patient/student name)* *(date)*

[ ] A fully treatable problem
[ ] A partially treatable problem
[ ] A non-treatable problem

Hearing problem was found to be of the:
[ ] outer ear [ ] middle ear [ ] inner ear [ ] other_____

I expect that on completion of treatment there will be:
[ ] No significant hearing handicap that may interfere with learning.
[ ] A handicap that may interfere with learning.

Special
Recommendations:_____
_____

_____
Physician's signature Date

***3COMMUNITY SERVICES OF NORTHEAST TEXAS***
***HEAD START***
***VISION REFERRAL FORM***

Date:

Dear Head Start Parent:

Head Start requires each student receive a vision screen after entry to school.

Your child _____ has failed the initial vision test with our SPOT Vision Screener.

It is required that he needs further testing by an optometrist and or your primary care physician.

Please take this form with you when your child is examined and ask the physician/optometrist to complete the bottom half. Return completed form to your child's Family Empowerment Advocate.

Thank you for your cooperation in this matter.

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Dear Physician,

Please complete the following check list and return this form at your earliest convenience to:

Susan Horner
Head Start
Nutrition Coordinator
P. O. Box 427
Linden, Tx. 75563
Fax – 903-756-3254

I have examined_____on_____and find the following:
(*patient/student name)* *(date)*

[ ] No visual problem
[ ] A fully treatable problem
[ ] A partially treatable problem
[ ] A non-treatable problem

Visual Acuity: Right _____Left_____

Vision problem found: _____Glasses received : [ ] Yes [ ] No

Special Recommendations: _____
_____

_____ _____
Physician's signature Date