

CHAPTER 51**CHILDHOOD LEAD POISONING STATE
SANITARY CODE CHAPTER XIII****Authority**

N.J.S.A. 26:1A-7, 24:14A-1 et seq., specifically 24:14A-11
and 26:2-130 et seq., specifically 26:2-137.

Source and Effective Date

R.1990 d.472, effective September 17, 1990
(operative January 1, 1991).
See: 22 N.J.R. 1502(a), 22 N.J.R. 3014(b).

Executive Order No. 66(1978) Expiration Date

Chapter 51, Childhood Lead Poisoning State Sanitary Code
Chapter XIII, expires on September 17, 1995.

Chapter Historical Note

Chapter 51, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, became effective prior to September 1, 1969. Revisions to the original rules were filed on July 20, 1976 as R.1976 d.226 to become effective April 1, 1978. See: 8 N.J.R. 64(b), 8 N.J.R. 382(a). Subchapter 7 child lead poisoning became effective October 25, 1977 as R.1977 d.402. See: 9 N.J.R. 364(b), 9 N.J.R. 519(c). Further amendments became effective October 1, 1978 as R.1978 d.339. See: 10 N.J.R. 331(b), 10 N.J.R. 430(d). Further amendments were filed on July 17, 1980 to become effective September 1, 1980 as R.1980 d.321. See: 12 N.J.R. 316(a), 12 N.J.R. 467(f). Subchapter 2 through 6 were readopted pursuant to Executive Order No. 66(1978) effective August 21, 1985 and R.1985 d.447. See: 17 N.J.R. 1633(a), 17 N.J.R. 2270(a). Subchapter 1 expired and a new subchapter was adopted effective September 16, 1985 as R.1985 d.447. See: 17 N.J.R. 1633(a), 17 N.J.R. 2270(a). Subchapter 1 through 6 were repealed effective December 15, 1986 (operative January 1, 1987) as R.1986 d.476. See: 18 N.J.R. 1690(a), 18 N.J.R. 2448(a). This chapter was formerly titled Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey. The title became Childhood Lead Poisoning with R.1986 d.476. Childhood Lead Poisoning codified as N.J.A.C. 8:51-7, was repealed and was replaced with new rules at N.J.A.C. 8:51 by R.1990 d.472. See: Source and Effective Date.

See section annotations for specific rulemaking activity.

Cross References

Children's shelter physical facility requirements, see N.J.A.C. 10:124-5.1 et seq.

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The rules in this chapter shall apply to children age one through five years, who are considered at high risk of lead poisoning, screening agencies, laboratories and individuals responsible for property in which high risk children reside. Although not yet required by law, the Department of Health recommends that children between nine months and six

years of age be screened in accordance with CDC recommendations.

Case Notes

Health officer must be full time public employee; services cannot be outside contracted. *State v. Board of Health of Morris Twp.*, 208 N.J.Super. 415, 506 A.2d 52 (App.Div.1986) concurring opinion, granted — N.J. —, 118 N.J.L.J. 826 (1986).

No legal authority for board to designate and compensate its members as special representatives to the board; circumvention of statutory requirement that board act through duly licensed professionals not permitted. *Deptford Twp. Bd. of Health v. Deptford Twp. Mayor & Council*, 200 N.J.Super. 476, 491 A.2d 812 (Law Div.1985).

Local Health Services Act does not provide municipalities with concurrent jurisdiction in field of solid waste disposal; field preempted by legislation. *Little Falls Twp. v. Bardin*, 173 N.J.Super. 397, 414 A.2d 559 (App.Div.1979).

8:51-1.2 Purpose

The purpose of this chapter is to protect at risk children from the toxic effect of lead exposure.

Case Notes

Health officer must be full time public employee; services cannot be outside contracted. *State v. Board of Health of Morris Twp.*, 208 N.J.Super. 415, 506 A.2d 52 (App.Div.1986) and concurring opinion, granted — N.J. —, 118 N.J.L.J. 826 (1986).

8:51-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Child” means a person one through five years of age.

“Commissioner” means the Commissioner of the New Jersey Department of Health.

“Department” means the New Jersey Department of Health.

“Diagnosis” means the categorization of a child who has an elevated blood lead level or has another medically accepted indicator of lead toxicity.

“Elevated blood lead level” means an abnormal level of lead in the bloodstream at the level as defined in the latest revision of the Centers for Disease Control Statement, “Preventing Lead Poisoning in Young Children”, available from the Centers for Disease Control, Atlanta, Georgia 30333.

“Elevated erythrocyte protoporphyrin (EP)” means an abnormal level of hemoglobin precursors at a level defined in the latest revision of the Centers for Disease Control Statement, “Preventing Lead Poisoning in Young Children”.

“EPA” means the U.S. Environmental Protection Agency.

“HEPA” means a high efficient filter which is able to filter out fine particles.

“High risk of lead intoxication” means in a child a blood lead level equal to or greater than 40 micrograms per 100 milliliters whole blood and an erythrocyte protoporphyrin determination equal to or greater than 110 micrograms per 100 milliliters whole blood, or a confirmed concentration of lead in whole blood equal to or greater than 40 micrograms per 100 milliliters if no erythrocyte protoporphyrin determination is available.

“High risk neighborhood” means those areas whose high degree of risk has been identified by the local board of health, using methodology pursuant to N.J.A.C. 8:51-8.

“Lead toxicity” means a significantly elevated blood lead level, as defined in the latest revision of the Centers for Disease Control Statement, “Preventing Lead Poisoning in Young Children”.

“NHANES II” means the second National Health and Nutrition Examination Survey, CDC National Center for Health Statistics.

“NIOSH” means the National Institute for Occupational Safety and Health.

“OSHA” means the Occupational Safety and Health Administration.

“Priority I” means any municipality designated pursuant to N.J.A.C. 8:51-8 at the highest risk for lead poisoning among its children.

“Priority II” means any municipality designated pursuant to N.J.A.C. 8:51-8 at a moderate risk for lead poisoning among its children.

“Priority III” means any municipality designated pursuant to N.J.A.C. 8:51-8.3 at a low risk for lead poisoning among its children.

“Screening” means applying detection technique to large numbers of presumably asymptomatic children to determine if they have been exposed to lead and, if so, what the risks of continued exposure are.

“Suspect room or area” means those locations which are accessible to a child which may be a source of lead exposure.

“Tight lead paint” means leaded paint which is firmly affixed to the surface upon which it is applied.

“WIC” means the Special Supplemental Food Program for Women, Infants and Children.

SUBCHAPTER 2. SCREENING

8:51-2.1 Target population and screening schedule

(a) Children who live in communities designated "Priority I" as determined by the Department of Health and set out in Appendix I of this chapter, incorporated herein by reference, are at high risk for lead poisoning.

(b) Children who live in communities designated "Priority II" as determined by the Department of Health and set out in Appendix II of this chapter, incorporated herein by reference, and who are in the following categories, are at high risk for lead poisoning:

1. The child is a Medicaid recipient;
2. The child's family income qualifies them for the WIC Program; and
3. The child is living in an identified high risk neighborhood.

(c) Each community designated Priority I or Priority II in accordance with this chapter, shall develop a screening schedule. It is recommended that any program screening high risk or other children for lead poisoning comply with the latest revision of "Preventing Lead Poisoning in Young Children", (Centers for Disease Control, Atlanta, Georgia 30333) which is incorporated herein by reference, in establishing screening schedules and intervals.

8:51-2.2 Screening methods

Venous or capillary blood shall be used for screening tests. Sampling methods used in the field shall be compatible with laboratory capabilities. It is recommended that agencies comply with the recommendations found in the latest revision of "Preventing Lead Poisoning in Young Children" (Centers for Disease Control, Atlanta, Georgia 30333), which is incorporated herein by reference, in selecting a screening method.

8:51-2.3 Medical intervention

Local boards of health shall insure that any institution, agency or program providing lead screening services shall arrange for a diagnostic evaluation of any child who is found at screening to have lead toxicity. If the screening test was done on capillary blood, a venous blood lead level should be determined. Medical intervention, including follow up testing, shall be tailored individually for each child. Other children living in the same dwelling shall be referred for testing, diagnosis and treatment, if necessary.

8:51-2.4 Notification and counseling

The institution, agency or program which conducts a screening program shall notify, in writing, parents or guardians of children who have been tested of the results of

testing, accompanied by an explanation in plain language of the significance of lead toxicity, the importance of treating the toxicity at an early age and the public services available for treatment. The family of the child shall also be notified that a hazard may exist in the dwelling and counseled on preventive measures.

SUBCHAPTER 3. ENVIRONMENTAL INTERVENTION

8:51-3.1 Investigation of elevated lead or lead toxicity cases

Whenever a child is determined to have an elevated blood lead level or lead toxicity, the local board of health shall conduct an epidemiologic investigation to identify lead sources in the child's environment. If the results of the epidemiologic investigation reveal any loose paint, including cracked, chipped, blistered, peeling or flaking paint, a determination of lead content of the painted surface in the suspect areas shall be made. If the paint is found to be leaded, the procedures found in N.J.A.C. 8:51-5, Standards for Repair on Premises Containing Lead Paint, shall be implemented. Other children in the suspect dwelling should be referred for screening and follow up in accordance with N.J.A.C. 8:51-2.

8:51-3.2 Investigation of high risk of lead intoxication cases

When a child is determined to have a high risk of lead intoxication as defined in N.J.A.C. 8:51-1.3, the local board of health shall conduct an epidemiologic investigation. Dwelling units shall be inspected and tested to determine whether the presence of lead paint is in excess of 1.0 percent by dry weight or one milligram or higher per square centimeter. If levels of lead paint in excess of one milligram or higher per square centimeter are found, N.J.A.C. 8:51-5, Standards for Repair on Premises Containing Lead Paint, shall be implemented. Other children in the suspect dwelling should be referred for screening and follow up in accordance with N.J.A.C. 8:51-2.

SUBCHAPTER 4. DETERMINATION OF LEAD IN DWELLING UNITS

8:51-4.1 Methods of determination of lead in surface coverings

(a) The methods of determination of lead in surface coverings shall be as specified in (b) or (c) below.

(b) The chemical determination of the lead content in paint shall be made by laboratory analysis, using quantitative measurements of samples of surface coverings. Lead content in paint in excess of 1.0 percent by dry weight shall be prohibited.

(c) The physical determination of the lead content in paint may be made by non-destructive measurements using X-ray fluorescence analyzers (X-R-F) or other instruments approved by the New Jersey State Department of Health, Accident Prevention and Poison Control Program. A lead content in paint of one milligram or higher per square centimeter of paint surface, when tested by this method, shall be prohibited.

8:51-4.2 Sampling and/or X-ray fluorescence analyzer

(a) Paint samples shall be collected and/or X-ray fluorescence analyzer readings shall be obtained from each suspect room and shall include both interior and exterior surfaces of a windowsill, door and door frame. In addition, paint samples and/or analyzer readings should be obtained from such other highly suspect areas as crib railings, play pen railings, toys, stairs or banisters and surfaces with loose paint. The preferred sampling locations shall include surfaces which have been or are accessible to being chewed or areas which are peeling or flaking.

(b) All paint samples should generally be limited to that part of the surface which may eventually be required to be removed.

SUBCHAPTER 5. STANDARDS FOR REPAIR ON PREMISES CONTAINING LEAD PAINT

8:51-5.1 Exterior surfaces

Lead paint on any exterior surface that is readily accessible to children and is determined by the local board of health to be causing a hazard to the occupants or anyone coming in contact with such surfaces shall be removed to the base surface or covered with a durable material approved by the Department pursuant to N.J.A.C. 8:51-5.5.

8:51-5.2 Interior surfaces

Loose lead paint on any interior surface, including cracked, chipped, blistered, peeling or flaking paint, shall be removed to the base surface wherever found.

8:51-5.3 Removal of tight lead paint

(a) Tight lead paint shall be removed to the base surface in the following areas, as indicated:

1. Windowsills: complete removal;
2. Windows and frames below the four-foot level: complete removal on exposed surfaces;

3. Doors below four-foot level: removal four inches back on hinge and latch edges and other sharp edges;

4. Door frames below four-foot level: complete removal;

5. Handrails: complete removal;

6. Spindles ("balusters"): removal on surfaces adjacent to walking areas;

7. Stair treads: removal four inches back from lip on top of tread and from lip to riser on bottom side; and

8. Any other chewable surface below the four foot level: removal four inches back from edge.

8:51-5.4 Removal not required

(a) Removal may be performed, but is not required, on the following surfaces:

1. Walls in good condition without broken areas;
2. Baseboards;
3. Skirtboards on staircases;
4. Step risers; or
5. Any surface below the four-foot level which does not present a chewable surface.

8:51-5.5 Covering

If paint is not removed as required in this subchapter, surfaces shall be covered with plasterboard, wallboard, wood paneling or similar durable material approved by the New Jersey State Department of Health, Accident Prevention and Poison Control Program, to a height of at least four feet above the floor. Any construction permit required pursuant to the Uniform Construction Code Act (N.J.S.A. 52:23-119 et seq.) and the Uniform Construction Code, N.J.A.C. 5:23 shall be obtained from the agency having jurisdiction.

8:51-5.6 Other repairs

Any condition, such as moisture or water damage, which causes peeling of paint, loosening of plaster or other structural deterioration shall be repaired prior to any repairs required by this subchapter.

8:51-5.7 Access to areas being corrected

(a) No pregnant women or children under 12 years of age shall be allowed in the dwelling unit while paint removal is in progress.

(b) Areas being corrected shall be completely cleaned, vacuumed and damp mopped at the end of each work day so that children and/or pregnant women may return to the dwelling unit in safety.

8:51-5.8 Reinspection

(a) Upon completion of repair and prior to repainting, an inspection shall be made by the local board of health to determine if the hazard has been satisfactorily eliminated.

(b) All repairs may be finished with a suitable non-lead paint or other hard non-lead surface.

8:51-5.9 Safety standard for owner

When an owner has been notified to comply with this subchapter, the local board of health shall provide the owner of such dwelling units with a copy of N.J.A.C. 8:51-7 to be used when removing the lead paint.

SUBCHAPTER 6. REPORTING**8:51-6.1 Laboratories**

(a) All laboratories shall immediately and completely report, on forms provided by the State Department of Health, results of laboratory examinations which indicate blood lead levels in children equal to or greater than an elevated level as defined in the latest revision of the Centers for Disease Control Statement "Preventing Lead Poisoning in Young Children" to:

1. The State Department of Health;
2. The local board of health; and
3. The physician submitting the specimen.

8:51-6.2 Monthly status report

Local boards of health shall report monthly to the Department all violations of this chapter and the status of enforcement procedures against owners of properties designated as a public nuisance pursuant to N.J.S.A. 24:14A-8.

8:51-6.3 Monthly statistical report

Local boards of health not using the laboratory services provided by the State Department of Health for blood lead, erythrocyte protoporphyrin or paint analysis shall provide the State Department of Health with a monthly statistical tabulation of analytic results.

8:51-6.4 Confidentiality of records

All records collected by the State Department of Health which identify individual patients, address information and

laboratory tests results shall be confidential, and shall not be released without parental consent.

SUBCHAPTER 7. REMOVAL OF LEAD PAINT**Cross References**

Children's group home physical facility requirements, see N.J.A.C. 10:128-4.1 et seq.

8:51-7.1 Methods permitted in the reduction of lead paint hazards

(a) The following methods shall be permitted in the reduction of lead paint hazards:

1. Replacement;
2. Covering (least costly) including, but not limited to:
 - i. Plastic or metal "L"-shaped moldings;
 - ii. Plasterboard;
 - iii. Wallboard;
 - iv. Wood paneling; or
 - v. Similar durable material;
3. Scraping;
4. Use of heat (infrared lamps or electric heat guns); and
5. Chemical paint removers except chemical paint removers containing methylene chloride, which may be used only for localized touch-up work.

(b) The Uniform Construction Code (N.J.S.A. 52:23-119 et seq.) and the State Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.) should be reviewed for restrictions on the use of materials.

8:51-7.2 Methods prohibited in the reduction of lead paint hazards

(a) The following methods are prohibited in the reduction of lead paint hazards:

1. Sanding;
2. Gas fired torch; and
3. Abrasive or sand blasting.

(b) A waiver for the use of abrasive or sand blasting may be obtained on a determination of the local board of health for individual work sites.

8:51-7.3 Safety standards for the removal of lead paint

(a) The methods used in the removal of lead paint shall not present a hazard to health from fumes, dust, vapors or liquids by inhalation or absorption through the skin or the mucous membranes, either from removal materials or from the lead paint being removed.

(b) Scraping presents a danger of lead dust and/or particles in the eyes. To protect the eyes from dust, chips and flakes of paint, safety goggles should be worn. Scraping also presents a danger of inhalation or swallowing of lead dust and/or particles. To protect against such inhalation or swallowing, a NIOSH approved respirator for toxic dusts, equipped with a HEPA filter cartridge (color coded purple) should be used.

(c) The use of chemical paint removers presents a health hazard from the inhalation of vapors. To protect against such inhalation when working with solvents which evaporate readily, a NIOSH approved respirator for organic solvents in combination with a HEPA filter cartridge should be used. Adequate ventilation should be provided by open windows or fans when using chemical paint removers. The use of chemical paint removers also presents a health hazard from the absorption of solvents and paint removers through the skin. To protect against such absorption impervious gloves should be worn.

(d) The use of heat presents a health hazard from the inhalation of toxic lead fumes in concentrated amounts or in small concentrations over a period of time. To protect against such inhalation a NIOSH approved respirator for toxic dusts equipped with a HEPA filter cartridge (color coded purple) should be used.

(e) **WARNING:** Respirators are a poor substitution for controlling or preventing exposures with abatement methods which have lower lead exposure. Using an inappropriate respirator or one not properly fitted can be extremely hazardous. The paper dust mask available at hardware stores may not be adequate. Not only is protection inadequate, but the user may have a false sense of security.

8:51-7.4 Preparation for the removal of lead paint

(a) Workers and occupants of buildings where removal of lead paint is being undertaken shall be notified of the health hazards, using the following, or similar, statement:

"Lead is a heavy metal which is toxic to humans. Lead poisoning affects every cell of the body, but especially the blood, kidneys and nervous system. The effects on the nervous system are serious, with the severity depending on the amount and the length of time of exposure. Adults and children are at high-risk of lead poisoning when lead dust or fumes are present and are most often poisoned by inhaling the lead dust or fumes.

The effects on adults include: persistent headaches, nausea, vomiting, visual disturbances, dizziness, poor appetite, loss of weight, cramps or constipation. If you have any or all of these symptoms, consult your physician at once.

Children are more susceptible to lead poisoning than adults. Children do not usually have easily identifiable symptoms, even when they have high blood lead levels. If symptoms do develop, brain damage has already occurred. Symptoms include: pallor or paleness, fatigue or tiredness, irritability, malaise, behavior changes and regression to a younger ability level. More serious symptoms include: weakness, clumsiness, abdominal pain, constipation, persistent vomiting and changes in consciousness. If your child has been exposed to lead, take the child to your physician or local health department for a blood sample which will be tested to show whether or not there is reason to be concerned."

(b) The worker shall select a deleading method that will produce the least amount of lead dust and/or fumes.

(c) The worker shall delead interior surfaces one room at a time, to minimize dispersion of lead.

(d) When deleading exterior surfaces, drop cloths shall be used to catch all wastes. Shrubs and trees shall be covered and dust and chips shall be removed from the ground promptly.

(e) Plastic sheets or impervious drop cloths shall be used to cover all floors, carpets, furniture, heat and/or air conditioning ducts, vents, grates and equipment in the work area.

(f) The work area shall be sealed off from the remainder of the dwelling by taping doors and/or using plastic sheets until both work and clean up activities are complete. All plastic used shall be at least six mil thick and all tape shall be waterproof.

8:51-7.5 General safety precautions for the removal of lead paint

(a) In accordance with N.J.A.C. 8:51-5.7, children and pregnant women shall not be permitted to remain in the dwelling unit while deleading is in process.

(b) All electrical connections shall be checked for proper grounding.

(c) All workers shall wear coveralls, gloves, shoe covers or separate work shoes, hat and goggles. All street clothes shall be kept in a clean area, separate from work clothes. All work clothes shall be removed before eating and after cleaning up the work area.

(d) Eating, drinking, smoking and chewing tobacco or gum shall be prohibited in areas where deleading is taking place. Storage of food and drink shall be prohibited in areas where deleading is taking place. Prior to eating, all persons shall wash their hands, arms and face with soap and warm water and shall rinse their mouths thoroughly.

(e) All persons entering the work area shall wear a properly functioning NIOSH approved respirator which is appropriate for the lead removal method to be used. The respirator face piece shall be washed at the end of each day and stored in a clean area.

(f) Any construction permit required pursuant to the Uniform Construction Code Act (N.J.S.A. 52:23-119 et seq.) and the Uniform Construction Code, N.J.A.C. 5:23 shall be obtained from the agency having jurisdiction.

8:51-7.6 Clean up after the removal of lead paint

(a) The clean up process is a critical element of the deleading process. Workers shall begin the daily clean up process by vacuuming all paint chips and dust, using an industrial vacuum cleaner equipped with HEPA filters which meet or exceed OSHA and EPA safety standards for the control of lead and other toxic dusts.

(b) Workers shall damp mop or sponge all surfaces within the work area daily, after the removal of lead paint.

(c) All waste products shall be placed in plastic bags and sealed at the end of each work day.

(d) After the completion of the deleading process, non-pregnant adult occupants shall wash down all surfaces within the delead area daily until no further dust is visible.

8:51-7.7 Disposal of waste products after the removal of lead paint

All combined waste containing lead concentrations averaging 5.0 milligrams/liter or higher shall be disposed of in an Environmental Protection Agency hazardous waste landfill or lead smelter pursuant to N.J.A.C. 7:26-8.12.

SUBCHAPTER 8. METHODOLOGY FOR DETERMINATION OF COMMUNITY PRIORITIZATION FOR LEAD POISONING

8:51-8.1 Screening criteria; Priority I

(a) Any municipality which has children at risk, as classified by NHANES II data, and whose sum of the standard scores is greater than one Standard Deviation (5.3841) above the State mean (0.000), shall be considered Priority I (see Appendix I, incorporated herein by reference).

(b) Every child who lives in the communities listed in Appendix I shall be tested for lead poisoning at least once per year within the limits of funds appropriated. Screening should be conducted in accordance with census tract ranking. Communities shall prioritize their census tracts from the highest to the lowest, based on the potential hazard score derived from the factors enumerated in Appendix IV, which is incorporated herein by reference.

(c) Case finding efforts by annual blood test should be conducted in settings which include, but are not limited to, the following:

1. Child health conferences;
2. WIC clinics;
3. Day care centers;
4. Nursery schools; and
5. Door to door in high risk neighborhoods.

(d) A community shall be reclassified as Priority II if all children have been tested during the year and no child has an elevated blood lead level as defined in the latest revision of the Centers for Disease Control Statement "Preventing Lead Poisoning in Young Children", available from the Centers for Disease Control, Atlanta, Georgia 30333 and the New Jersey State Department of Health, Accident Prevention and Poison Control Program, 363 West State Street, Trenton, New Jersey 08625-0364.

8:51-8.2 Screening criteria; Priority II

(a) Any municipality which has children at risk, as classified by NHANES II data and census data, and whose sum of the standard scores is less than one Standard Deviation above the State mean shall be considered Priority II (see Appendix II, incorporated herein by reference).

(b) Every child who lives in the communities listed in Appendix II shall be tested for lead poisoning at least once per year within the limits of the funds appropriated, if any of the following conditions are met:

1. The child is a Medicaid recipient;
2. The child's family income qualifies them for the WIC Program; and
3. The child is living in an identified high risk neighborhood.

(c) Screening should be conducted in accordance with census tract ranking. Communities shall prioritize their census tracts from the highest to the lowest based on the potential hazard derived from the factors enumerated in Appendix IV, which is incorporated herein by reference.

(d) Case finding efforts by annual blood test should be conducted in settings which include, but are not limited to, the following:

1. Child health conference;
2. WIC clinics;
3. Day care centers;
4. Nursery schools; and
5. Door to door in high risk neighborhoods.

8:51-8.3 Screening criteria; Priority III

(a) Any municipality which has no children at risk, as classified by NHANES II data and census data, or which has no children under the age of five per the most recent census data, shall be considered Priority III (see Appendix III, incorporated herein by reference).

(b) Screening upon request should be made available through the local health department, although it is not required.

APPENDIX I

Childhood Lead Poisoning Prevention
Priority I Municipalities

County	Municipality	Total # Children at High Risk	Score	Rank
Atlantic		3483	1.5109	8
	Atlantic City	2166	15.35	16
	Pleasantville	959	13.934	21
	Egg Harbor City	358	6.175	55
Bergen		3321	-5.0894	17
	Englewood	1357	8.642	38
	Hackensack	1964	6.205	53
Burlington		8118	-2.5889	12
	Wrightstown Boro	585	21.603	5
	Pemberton Boro	89	11.956	28
	New Hanover Twp.	677	10.591	32
	Mt. Holly Twp.	809	8.396	39
	North Hanover Twp.	1200	7.65	40
	Burlington City	621	7.115	45
	Pemberton Twp.	2841	6.886	48
	Burlington Twp.	793	6.653	49
	Bordentown City	278	6.437	51
	Beverly	225	5.613	66
Camden		8868	3.4126	5
	Camden City	7038	26.332	2
	Lawnside Boro	159	15.335	17
	Chesilhurst Boro	128	12.9	24
	Hi-Nella Boro	117	11.694	30
Cape May		493	-4.0909	15
	Woodbine Boro	200	20.229	7
	Wildwood City	293	8.84	37
Cumberland		2665	4.8296	4
	Bridgeton City	1682	15.319	18
	Fairfield Twp.	409	11.595	31
	Commercial	398	7.384	42
Essex		40594	16.7716	1
	Newark	28592	29.348	1
	East Orange	5770	25.688	3
	Orange	2192	19.961	8
	Irvington	4040	13.4	23
Gloucester		3816	-1.1002	10
	Paulsboro Boro	545	12.884	25
	Clayton	620	5.950	58
	Glassboro	859	5.897	60
	Swedesboro	778	5.713	64
	Woodbury	696	5.54	67
Hudson		27647	11.9130	2
	Jersey City	17314	17.964	11
	Hoboken	3215	16.967	13
	Union City	3993	13.59	22

County	Municipality	Total # Children at High Risk	Score	Rank	
	East Newark Boro	125	9.655	34	
	West New York Town	2250	9.432	35	
	Weehawken Twp.	750	6.4487	50	
Hunterdon			-6.6341	21	
Mercer		7056	3.2454	6	
	Trenton City	7056	19.45	9	
Middlesex		5611	-3.1897	13	
	New Brunswick	2366	14.951	20	
	Perth Amboy	2883	10.446	33	
	Jamesburg	362	5.676	65	
Monmouth		7659	-2.1328	11	
	Asbury Park	1308	23.631	4	
	Long Branch	2128	12.137	27	
	Shrewsbury Twp.	83	9.375	36	
	Bradley Beach	326	7.599	41	
	Red Bank	587	6.926	46	
	Keansburg	858	6.746	47	
	Neptune Twp.	1639	5.987	57	
	Freehold Boro	730	5.94	59	
	Morris		856	-6.5684	20
		Victory Gardens Boro	93	16.971	12
Morristown		763	6.194	54	
Ocean		3835	-6.3586	18	
	Seaside Heights Boro	138	12.22	26	
	Lakewood Twp.	3384	7.152	44	
Passaic		16419	7.5152	3	
	Paterson	12058	20.934	6	
	Passaic	4361	19.406	10	
Salem		1057	2.3090	7	
	Salem City	564	16.908	14	
	Penns Grove	493	16.775	15	
Somerset			-6.4549	19	
Sussex		199	-4.6907	16	
	Sussex Boro	199	6.3263	52	
Union		13367	1.2475	9	
	Plainfield	3374	15.293	19	
	Elizabeth	7386	11.926	29	
	Roselle	1213	6.048	56	
	Hillside	1297	5.785	62	
	Winfield	97	5.458	69	
Warren			-3.8561	14	

Total number of children under 5 years of age at high risk in Priority 1 Municipalities: 155,064

APPENDIX II

Priority II

Criteria: Any municipality which has children at risk per NHANES II data and census data whose sum of standardized score fell below ISD from State mean.

- Atlantic County
- Absecon City
- Brigantine City
- Buena Boro
- Buena Vista Twp.
- Egg Harbor Twp.
- Folsom Boro
- Galloway Twp.
- Hamilton Twp.

Hammonton Town
 Linwood City
 Margate City
 Mullica Twp.
 Northfield City
 Somers Point City
 Ventnor City
 Weymouth Twp.

Bergen County

Allendale Boro
 Alpine Boro
 Bergenfield Boro
 Bogota Boro
 Carlstadt Boro
 Cliffside Park Boro
 Closter Boro
 Cresskill Boro
 Demarest Boro
 Dumont Boro
 Elmwood Pk. Boro
 E. Rutherford Boro
 Edgewater Boro
 Emerson Boro
 Englewood Cliffs
 Fairlawn Boro
 Fairview Boro
 Fort Lee Boro
 Franklin Lakes Boro
 Garfield City
 Glen Rock Boro
 Harrington Park Boro
 Hasbrouck Heights Boro
 Haworth Boro
 Hillsdale Boro
 Ho-Ho-Kus Boro
 Leonia Boro
 Little Ferry Boro
 Lodi Boro
 Lyndhurst Twp.
 Mahwah Twp.
 Maywood Boro
 Midland Park Boro
 Montvale Boro
 Moonachie Boro
 New Milford Boro
 No. Arlington Boro
 Northvale Boro
 Norwood Boro
 Oakland Boro
 Old Tappan Boro
 Oradell Boro
 Palisades Pk. Boro
 Paramus Boro
 Park Ridge Boro
 Ramsey Boro
 Ridgefield Boro
 Ridgefield Pk. Twp.
 Ridgewood Village
 River Edge Boro
 River Vale Twp.
 Rochelle Park Twp.
 Rutherford Boro
 Saddle Brook Twp.
 Saddle River Boro
 So. Hackensack Twp.
 Teaneck Twp.

Tenafly Boro
 Upper Saddle River Boro
 Waldwick Boro
 Wallington Boro
 Washington Twp.
 Westwood Boro
 Woodcliff Lake Boro
 Wood Ridge Boro
 Wyckoff Twp.

Burlington County

Bass River Twp.
 Bordentown Twp.
 Chesterfield Twp.
 Cinnaminson Twp.
 Delanco Twp.
 Delran Twp.
 Easthampton Twp.
 Edgewater Pk. Twp.
 Evesham Twp.
 Florence Twp.
 Hainesport Twp.
 Lumberton Twp.
 Mansfield Twp.
 Maple Shade Twp.
 Medford Twp.
 Medford Lakes Boro
 Moorestown Twp.
 Mt. Laurel Twp.
 Palmyra Boro
 Riverside Twp.
 Riverton Boro
 Shamong Twp.
 Southampton Twp.
 Springfield Twp.
 Tabernacle Twp.
 Westhampton Twp.
 Willingboro Twp.
 Woodland Twp.

Camden County

Audubon Boro
 Barrington Boro
 Bellmawr Boro
 Berlin Boro
 Berlin Twp.
 Brooklawn Boro
 Cherry Hill Twp.
 Clementon Boro
 Collingswood Boro
 Gibbsboro Boro
 Gloucester City
 Gloucester Twp.
 Haddon Twp.
 Haddonfield Boro
 Haddon Heights Boro
 Laurel Springs Boro
 Magnolia Boro
 Merchantville Boro
 Mt. Ephraim Boro
 Oaklyn Boro
 Pennsauken Twp.
 Pine Hill Boro
 Runnemede Boro
 Somerdale Boro
 Stratford Boro

Voorhees Twp.
Waterford Twp.
Winslow Twp.
Wood Lynne Boro

Cape May County

Cape May City
Dennis Twp.
Lower Twp.
Middie Twp.
No. Wildwood City
Ocean City
Sea Isle City
Upper Twp.
W. Cape May Boro
Wildwood Crest Boro

Cumberland County

Downe Twp.
Greenwich Twp.
Hopewell Twp.
Lawrence Twp.
Maurice River Twp.
Millville City
Stow Creek Twp.
Upper Deerfield Twp.
Vineland City

Essex County

Belleville Town
Bloomfield Town
Caldwell Boro
Cedar Grove Twp.
Essex Fells Boro
Fairfield Boro
Glen Ridge Boro
Livingston Twp.
Maplewood Twp.
Millburn Twp.
Montclair Town
No. Caldwell Boro
Nutley Town
Roseland Boro
So. Orange Village
Verona Boro
W. Caldwell Boro
W. Orange Town

Gloucester County

Deptford Twp.
E. Greenwich Twp.
Elk Twp.
Franklin Twp.
Greenwich Twp.
Harrison Twp.
Logan Twp.
Mantua Twp.
Monroe Twp.
Newfield Boro
Pitman Boro
S. Harrison Twp.
Washington Twp.
Wenonah Boro
W. Deptford Twp.
Westville Boro
Woodbury Heights Boro
Woolwich Twp.

Hudson County

Bayonne City
Guttenberg Town
Harrison Town
Kearny Town
No. Bergen Twp.
Secaucus Town

Hunterdon County

Alexandria Twp.
Bethlehem Twp.
Bloomsbury Boro
Califon Boro
Clinton Town
Clinton Twp.
Delaware Twp.
E. Amwell Twp.
Flemington Boro
Franklin Twp.
Frenchtown Boro
Glen Gardner Boro
Hampton Boro
High Bridge Boro
Holland Twp.
Kingwood Twp.
Lambertville City
Lebanon Boro
Lebanon Twp.
Milford Boro
Raritan Twp.
Readington Twp.
Tewksbury Twp.
Union Twp.
W. Amwell Twp.

Mercer County

E. Windsor Twp.
Ewing Twp.
Hamilton Twp.
Hightstown Boro
Hopewell Boro
Hopewell Twp.
Lawrence Twp.
Pennington Boro
Princeton Boro
Princeton Twp.
Washington Twp.
W. Windsor Twp.

Middlesex County

Carteret Boro
Cranbury Twp.
Dunellen Boro
E. Brunswick Twp.
Edison Twp.
Helmetta Boro
Highland Park Boro
Metuchen Boro
Middlesex Boro
Milltown Boro
Monroe Twp.
No. Brunswick Twp.
Old Bridge Twp.
Piscataway Twp.

Plainsboro Twp.
 Sayreville Boro
 So. Amboy City
 So. Brunswick Twp.
 So. Plainfield Boro
 So. River Boro
 Spotswood Boro
 Woodbridge Twp.

Monmouth County

Aberdeen Twp.
 Allentown Boro
 Atlantic Highlands Boro
 Avon By The Sea Boro
 Belmar Boro
 Brielle Boro
 Colts Neck Twp.
 Deal Boro
 Eatontown Boro
 Englishtown Boro
 Fair Haven Boro
 Farmingdale Boro
 Freehold Twp.
 Hazlet Twp.
 Highlands Boro
 Holmdel Twp.
 Howell Twp.
 Keyport Boro
 Little Silver Boro
 Manalapan Twp.
 Manasquan Boro.
 Marlboro Twp.
 Matawan Boro
 Middletown Twp.
 Millstone Twp.
 Monmouth Beach Boro
 Neptune City Boro
 Ocean Twp.
 Oceanport Boro
 Rumson Boro
 Sea Girt Boro
 Shrewsbury Boro
 So. Belmar Boro
 Spring Lake Boro
 Spring Lake Heights Boro
 Tinton Falls Boro
 Union Beach Boro
 Upper Freehold Twp.
 Wall Twp.
 W. Long Branch Boro

Morris County

Boonton Town
 Boonton Twp.
 Butler Boro
 Chatham Boro
 Chatham Twp.
 Chester Boro
 Chester Twp.
 Denville Twp.
 Dover Town
 E. Hanover Twp.
 Florham Park Boro
 Hanover Twp.
 Harding Twp.
 Jefferson Twp.

Kinnelon Boro
 Lincoln Park Boro
 Madison Boro
 Mendham Boro
 Mendham Twp.
 Mine Hill Twp.
 Montville Twp.
 Morris Twp.
 Morris Plains Boro
 Mountain Lakes Boro
 Mt. Arlington Boro
 Mt. Olive Twp.
 Netcong Boro
 Parsippany Troy Hills Twp.
 Passaic Twp.
 Pequannock Twp.
 Randolph Twp.
 Riverdale Boro
 Rockaway Boro
 Rockaway Twp.
 Roxbury Twp.
 Washington Twp.
 Wharton Boro

Ocean County

Barnegat Twp.
 Bay Head Boro
 Beachwood Boro
 Berkeley Twp.
 Brick Twp.
 Dover Twp.
 Island Heights Boro
 Jackson Twp.
 Lacey Twp.
 Lavellette Boro
 Little Egg Harbor Twp.
 Long Beach Twp.
 Manchester Twp.
 Ocean Twp.
 Ocean Gate Boro
 Pine Beach Boro
 Plumsted Twp.
 Point Pleasant Boro
 Point Pleasant Beach Boro
 Seaside Park Boro
 So. Toms River Boro
 Stafford Twp.
 Tuckerton Boro

Passaic County

Bloomington Boro
 Clifton City
 Haledon Boro
 Hawthorne Boro
 Little Falls Twp.
 No. Haledon Boro
 Pompton Lakes Boro
 Prospect Park Boro
 Ringwood Boro
 Totowa Boro
 Wanaque Boro
 Wayne Twp.
 W. Milford Twp.
 W. Paterson Boro

Salem County
 Alloway Twp.
 Carneys Point Twp.
 Elmer Boro
 Elsinboro Twp.
 Lower Alloway Creek Twp.
 Mannington Twp.
 Oldsmans Twp.
 Pennsville Twp.
 Pilesgrove Twp.
 Pittsgrove Twp.
 Quinton Twp.
 Upper Pittsgrove Twp.
 Woodstown Boro

Somerset County
 Bedminster Twp.
 Bernards Twp.
 Bernardsville Boro
 Bound Brook Boro
 Branchburg Twp.
 Bridgewater Twp.
 Franklin Twp.
 Green Brook Twp.
 Hillsborough Twp.
 Manville Boro
 Montgomery Twp.
 No. Plainfield Boro
 Peapack Gladstone Boro
 Raritan Boro
 Somerville Boro
 So. Bound Brook Boro
 Warren Twp.
 Watchung Boro

Sussex County
 Andover Twp.
 Byram Twp.
 Frankford Twp.
 Franklin Boro
 Fredon Twp.
 Green Twp.
 Hamburg Boro
 Hampton Twp.
 Hardyston Twp.
 Hopatcong Boro
 Lafayette Twp.
 Montague Twp.
 Newton Town
 Ogdensburg Boro
 Sandyston Twp.
 Sparta Twp.
 Stanhope Boro
 Stillwater Twp.
 Vernon Twp.
 Wantage Twp.

Union County
 Berkeley Heights Twp.
 Clark Twp.
 Cranford Twp.
 Fanwood Boro
 Garwood Boro
 Kenilworth Boro
 Linden City
 Mountainside Boro
 New Providence Boro

Rahway City
 Roselle Park Boro
 Scotch Plains Twp.
 Springfield Twp.
 Summit City
 Union Twp.
 Westfield Town

Warren County
 Allamuchy Twp.
 Alpha Boro
 Belvidere Town
 Blairstown Twp.
 Franklin Twp.
 Frelinghuysen Twp.
 Greenwich Twp.
 Hackettstown Town
 Harmony Twp.
 Hope Twp.
 Independence Twp.
 Knowlton Twp.
 Liberty Twp.
 Lopatcong Twp.
 Mansfield Twp.
 Oxford Twp.
 Phillipsburg Town
 Pohatcong Twp.
 Washington Boro
 Washington Twp.
 White Twp.

APPENDIX III

Priority III

Criteria: Municipalities with no children under 5 years of age per 1980 census data and/or with less than 1 child at risk per NHANES II data.

Atlantic County
 Corbin City
 Estelle Manor
 Longport
 Port Republic City

Bergen County
 Rockleigh Boro
 Teterboro Boro

Burlington County
 Fieldsboro Boro
 Washington Twp.

Camden County
 Audubon Park Boro
 Pine Valley Boro
 Travistock Boro

Cumberland County
 Shiloh Boro

Cape May County
 Avalon Boro
 Cape May Point Boro

Stone Harbor Boro
West Wildwood Boro

Essex County
None

Gloucester County
None

Hudson County
None

Hunterdon County
Stockton Boro

Mercer County
None

Middlesex County
None

Monmouth County
Allenhurst Boro
Interlaken Boro
Loch Arbour Village
Roosevelt Boro
Sea Bright Boro

Morris County
None

Ocean County
Barnegat Light Boro
Beach Haven Boro
Eagleswood Twp.
Harvey Cedars Boro
Mantoloking Boro
Ship Bottom Boro
Surf City Boro

Passaic County
None

Salem County
None

Somerset County
Far Hills Boro
Millstone Boro
Rocky Hill Boro

Sussex County
Andover Boro
Branchville Boro
Walpack Twp.

Union County
None

Warren County
Hardwick Twp.
Pahaquarry Twp.

APPENDIX IV

Community Potential Hazard Score—Lead Poisoning

Name of Community _____
Population _____

Year Structure Built
1950-1959 _____
1940-1949 _____
1939 or Earlier _____
% Built prior to 1960 _____

Occupancy Status Total
Owner occupied _____
Renter occupied _____
Renter occupied White _____
Renter occupied Black _____
All year round occupied units _____
% Renter occupied _____
% Renter occupied by Blacks _____

Population at Risk Total
Population _____
All children under 5 years of age _____
% children under 5 years of age _____
Total Black children under 5 years of age _____
% children under 5 years of age who are black _____

Overcrowding Total
Persons per room 1.01-1.50 _____
Persons per room 1.50 or more _____
Total more than 1 person per room _____
Occupied Housing Units _____
% with more than 1 person per room _____

Poverty Status Total
Number of families _____
Total with income below poverty level with related children under 6 only _____
% with children below the poverty level _____
Total with female household only, no husband present—income below poverty level with related children under 6 only _____
% families with female household only, no husband present—income below poverty level with related children under 6 only _____
Community Potential Hazard Score _____