



**South Dakota Childhood Lead Poisoning Prevention Program (SDCLPP)
Lead Advisory Group Meeting
March 31st , 2026**

Welcome & Introductions

DANR's Work Lead Assessment Line and Water Testing in Schools updates

Erin Fagnan



SOUTH DAKOTA DEPARTMENT OF HEALTH

Lead Service Line Inventory & Lead Testing in Schools and Daycares

Erin Fagnan, P.E

DANR- Drinking Water Program



Agenda

- Lead Service Line Inventory Update
 - Identifying Unknowns
 - Key Deadlines
 - Funding
 - GIS Map
- Lead Testing in Schools
 - Pilot – Huron and Wagner
 - Current Testing
- Lead Testing in Licensed Daycares

2025 Lead Service Line Inventory Data

Statewide Totals			
Non-Lead	Unknown	GRR	Lead
276,220	45,632	1,234	2,355
Statewide Percentages			
Non-Lead	Unknown	GRR	Lead
84.88%	14.02%	0.38%	0.72%

Definition

GRR: Galvanized Requiring Replacement

Identifying Unknowns

- **Challenges**

- Private Side Identification – lack of customer engagement
- Lack of system-side records
 - Lack of resources to conduct a records review

- **State Approved Interpolation**

- Identify unknowns through potholing using EPA's statistical guidelines of 95% Confidence
 - System by System Basis
- Small Underserved Disadvantage Community Grant
 - Purchased Vacuum Trailer for SDARWS
 - SDARWS will conduct potholing

Statewide Total
Unknowns
45,632

Key Deadlines

- Compliance Date: 11/1/2027
- Systems have 10 years (until 2037) to:
 - Replace Lead Service Lines
 - Identify Unknowns
 - Replace GRR
- Increased Monitoring: 1/1/2028
 - System with Lead Lines: 1 & 5th liter sample, standard number of sites
 - System with GRR: standard number of sites

Funding

- Funding available through DANR State Revolving Loan Fund (SRF) on a system-wide basis
 - The system has to take on a loan for replacements
 - 15 lead lines or more make the loan worthwhile
- To Date: 1 system has sought out and been awarded an SRF loan for lead service line replacement

DANR Website – GIS MAP

[GIS MAP](#)

Lead Testing in Schools

- Action Level: 10 ppb
- Pilot conducted with Huron & Wagner School Districts
 - Results available on DNR Website, “Lead in Schools”
 - Every Fixture that could be used for drinking was sampled: ~ 1000 samples
 - 11 fixtures found to be above 10ppb – taken out of service – “Do Not Drink”
- 24 schools are currently testing or scheduled to be tested this month
 - 5-10 fixtures per school + 30sec flush sample
 - Water systems must sample 5 sites in each school built before 2014, starting in 2028 under LCRI
 - Encouraging water operators to reach out to the school now and conduct testing under our WIIN grant funds
 - All schools receive the DOH 1-page on Childhood Lead Poisoning Prevention Program

Lead Testing in Licensed

- Action Level: 10 ppb
- Water systems are required to begin testing at licensed daycares in 2028
 - Water Systems must supply a list of licensed daycares to DANR on 11/1/2027
- Head Starts
 - Began sampling for lead in their fixtures due to National Head Start licensing requirements
 - How To Sample Training has been conducted for SD Head Starts
 - They created their own SOP following training

Program Updates

Program Updates

- CDC Project Officer
- Program Director/Principal Investigator (PI/PD) Transition
- Year 6 Funding Updates



Carry Over Request

- **Insight Marketing Design, Inc.**
 - **Black Hills Special Services Corporation – Materials Distribution and Warehouse**
 - **Lead-Free me board books, activity books and crayons, stickers and puzzles, and shipping costs**
 - **Advance blood lead testing by providing Magellan Lead Care test kits to SD Women, Infants, and Children (WIC) offices.**
- 

Head Start Project

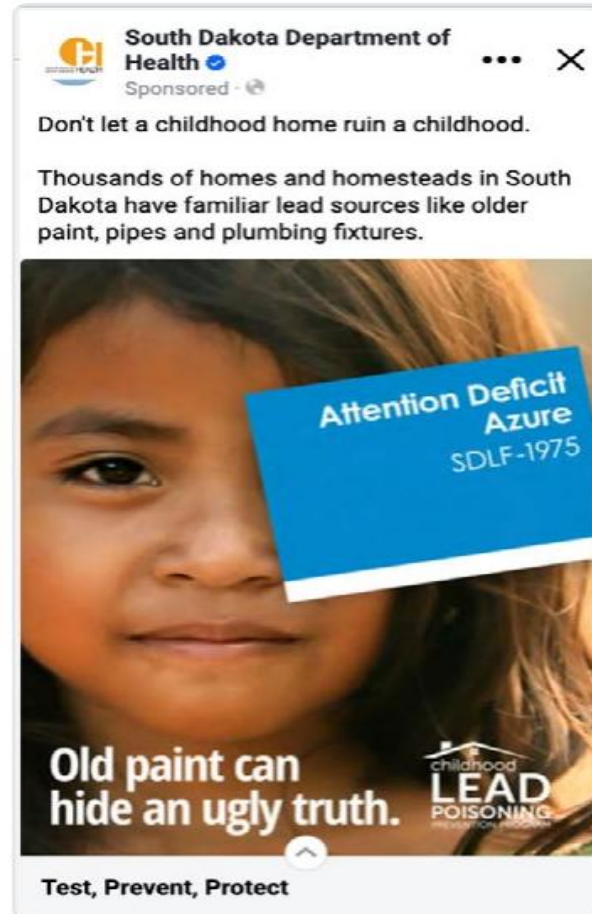
- Provide *Happy, Healthy, Lead-Free Me!* board books, SD CLPPP activity books, and crayon packs to all children enrolled in Head Start in South Dakota
 - Non-tribal Head Start
 - 8 regions
 - 65 centers
 - 2670 children
 - Tribal Head Start
 - 8 regions
 - 42 centers
 - 1590 children
- Total of 4260 preschool-age children receive lead poisoning prevention materials

Media Campaign

- Insight Marketing Design, Inc.
- Period : March 2026 - September 2026
- Outputs:
 - Radio: 15 and 30-second PSA ad development and placement
 - OTT: 52,000 impressions per month
 - KELOland.com - Display ads
 - KOTAtv.com
 - Billboards
 - Sioux Falls Digital Billboards 1 panel (all SF digitals) – rotates weekly
 - I-29 Digital Billboard - 1 mile S of Watertown
 - Rapid City Digital Billboards (On 7 boards at once)
 - Aberdeen Digital Billboard
 - Huron Digital Billboard
 - Digital and social media advertisements
 - Recommendation for potential print ad placements
 - Paid social media placement for preexisting content and recommendations for new development.

TRANSLATED & UPDATED SOCIAL MEDIA ADS

Native American



Location-Specific

English



Updated Creative

TRANSLATED & UPDATED SOCIAL MEDIA ADS

Spanish



South Dakota Department of Health
Sponsored ·

No dejes que una casa arruine una infancia.

Miles de casas y fincas en Dakota del Sur tienen fuentes de plomo comunes, como pintura vieja, tuberías y accesorios de plomería.

Azul Déficit de Atención
SDF-1975

La pintura vieja puede ocultar una fea verdad.

childhood LEAD POISONING PREVENTION PROGRAM

Accede a los recursos ahora

Language-Specific

Meta Instant Experience



Las pruebas de plomo son rápidas. El envenenamiento por plomo es para siempre.

childhood LEAD POISONING PREVENTION PROGRAM

El plomo puede causar problemas de aprendizaje y comportamiento en los niños. Además, es 100 % prevenible.

Pide a tu proveedor de atención médica que te haga un análisis de sangre si crees que tu hijo puede haber estado expuesto al plomo y tiene síntomas. Obtén más información sobre las fuentes de plomo, encuentra respuestas a tus preguntas o haz una evaluación de riesgos a continuación:

Fuentes de plomo

Más información

Swipe to load website



Preguntas frecuentes sobre el plomo

Más información



Evaluación de riesgos

Más información



Acceder a recursos

Más información

TRANSLATED & UPDATED SOCIAL MEDIA ADS

Karen

 South Dakota Department of Health
Sponsored · 

တဘဉ်ပျဲ ဟံဉ်လၢဖိသဉ်ဒိဉ်ထီဉ် မၤဟးဂီၤကွၢ် ဖိသဉ် အကတိတဂ့ၤ.

ဟံဉ် ဒီး ဟံဉ်ဃီအိဉ်ဃုာ်ဒီး ဟံဉ်ခိဉ်ကဟံ အကထိတဖဉ် လၢ South Dakota အပူၤ အိဉ်ဝဲဒီး စၢ် အဂီၢ်ထံး တဖဉ် ဒ်သီး ကသိဉ်ဖူဟံဉ်အလွၢ်လီၤလၢ တဖဉ်, ထံးပီၤ ဘီၤ လီၤလၢတဖဉ်, ဒီး ဟံဉ်အပီးလီၤလၢထံးဟံ လီၤလၢ တဖဉ် န့ဉ်လီၤ.



ကသိဉ်ဖူဟံဉ်အလွၢ်လီၤလၢ ဟံ ခူသ့ဉ် တၢ်မ့ၢ်တၢ်တီၤလၢအလၢ် အၢ သုလီၤ.



မၤန့ၢ် တၢ်တီၤစၢၤမၤစၢၤတဖဉ် အဲအံၤ

Location-Specific

Meta Instant Experience

 SOUTH DAKOTA DEPARTMENT OF HEALTH

တၢ်မၤကွၢ် စၢ် န့ဉ်ချုလီၤ.
စၢ်အစုဉ်အပျီၤန့ဉ် အကဲဝဲ ထီဘိလီၤ.



စၢ် ဒုးကဲထီဉ်ဝဲ တၢ်မၤလီၤမၤဒီး ဒီး တၢ်ဟံသ့ဉ်ဟံသး တၢ်ဂီၢ် ကိတဖဉ်လၢ ဖိသဉ်တဖဉ်အပူၤန့ဉ်လီၤ. တၢ်အံၤ တၢ်တြီဆီ အံၤ 100% သုစုာ်ကး န့ဉ်လီၤ.

မၤန့ပူၤဟ့ဉ်လီၤဆူဉ်ချုတၢ်မၤစၢၤ မၤန့ၢ်န့ၢ် သ့ဉ်တၢ်မၤကွၢ် မ့ မ့ၢ်လၢ နဆီကမိဉ်လၢ နဖီအံၤ ဘဉ်ဒီးဘဉ်ဒွါတုာ်ဝဲဒီး စၢ် ဒီး တၢ်ဆါအပနီဉ်တဖဉ် ဟံးပျီထီဉ် န့ဉ်တက့ၢ်.

မၤလီၤအါထီဉ် ဘဉ်ဃး စၢ်အဂီၢ်ထံးတဖဉ်, ဒီးန့ၢ်ဘဉ်တၢ်စံး ဆါလၢနတၢ်သံကွၢ်တဖဉ်အဂီၢ် မ့တမ့ၢ် မၤ တၢ်သမံသမိး ကွၢ် တၢ်ဘဉ်ယီဉ်တခါ လၢအဖီလၢန့ဉ်တက့ၢ်.

စၢ်အဂီၢ်ထံးတဖဉ်

မၤလီၤအါထီဉ်

Swipe to load website

တၢ်သံကွၢ်တဖဉ် လၢတၢ်သံကွၢ်
အီၤခဲအံၤခဲအံၤ ဘဉ်ဃး စၢ်

မၤလီၤအါထီဉ်

တၢ်သမံသမိးကွၢ် တၢ်လီၤဘဉ်ယီဉ်

မၤလီၤအါထီဉ်

တၢ်မၤန့ၢ် တၢ်တီၤစၢၤမၤစၢၤတဖဉ်

မၤလီၤအါထီဉ်

PEHSU Partnership

Development and Distribution of Parent-Friendly Lead Prevention Toolkit for WIC-Based Lead Testing Sites

Deliverables

- Development and distribution of Parent-Friendly Lead Prevention Toolkit for WIC-based blood lead testing sites
- Completed Parent-Friendly Lead Prevention Toolkit (PDF + physical items)
- At least 1,000 toolkits distributed to WIC testing clinics
- Educational outreach items (magnets, puzzles, coloring books)

Outreach Integration

- Provide WIC staff with brief instructions on how to introduce the toolkit to families during testing visits
- Support clinics with optional posters or counter cards reinforcing lead prevention and testing messages

Evaluation and Reporting

- Track the number of toolkits distributed at each WIC clinic
- Collect short feedback from WIC staff on parent engagement
- Summarize distribution data and outreach impact for PHESU report

PEHSU Partnership

“Get the Lead Out” Lead Awareness Activities for Parents of Preschoolers

Deliverables

- Completed “Get the Lead Out” curriculum and activity kits
- Approximately 45 activity kits delivered to Head Start Centers
- Parents of approximately 2600 preschool-age children educated about lead

Outreach Integration

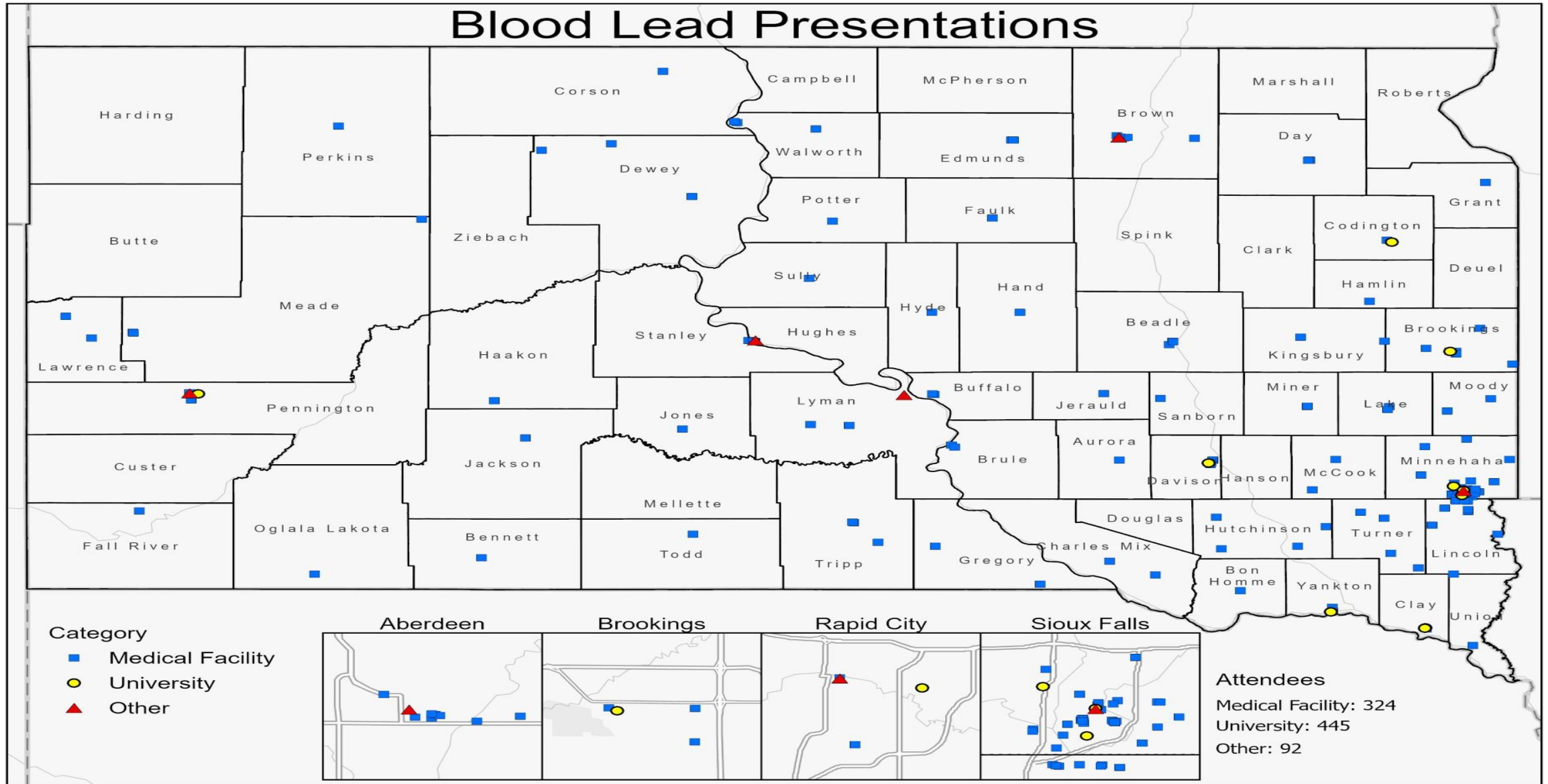
- Provide Head Start health and safety coordinators with instructions and support to implement the lead awareness activities

Evaluation and Reporting

- Track the number of activity kits distributed to Head Start Centers
- Track the number of parents participating in the lead education activities
- Obtain feedback from Head Start staff about participant engagement and suggestions for modifications to the curriculum and activities
- Have parents fill out brief lead knowledge surveys before and after activities to gauge curriculum effectiveness

Nurse Educator

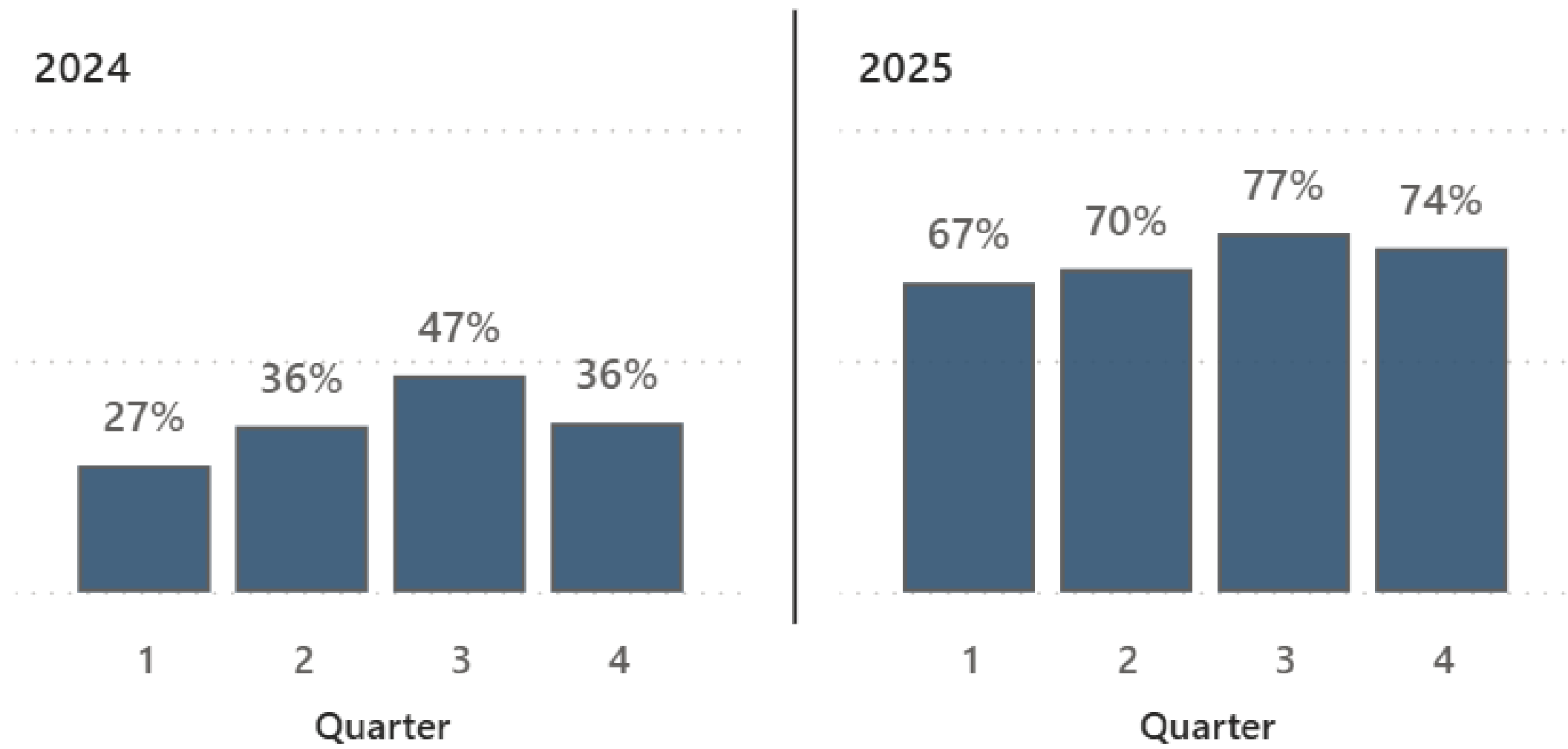
Blood Lead Presentations



Outcomes

- 29 Home Visitors educated
- 254 of families provided education and Happy, Healthy, Lead Free Me books
- 283 of children impacted

Percentage of Bright Start children aged ≥ 12 months tested for blood lead, per quarter



Qualitative Comments

- NHVs loved having additional information to share such as exposure through spices and makeup.
- The Happy, Healthy, Lead-Free Me books were a hit!
- Materials were beneficial and easy for families to understand.
- Family with a father who worked in the mines, great discussion about lead exposure, parents were also tested.
- Family received a letter that water pipes may contain lead; family installed a water filtration system.
- Child being monitored for high lead level; opportunity to provide education on nutrition, follow-up testing and assisting family to determine cause of exposure.
- Providers in the area are not consistent with follow up or education.
- Process to document education was easy and streamlined.

Next Steps

- Monitoring Results Over Time
- Ownership of new standard of work
- Hardwiring the Change



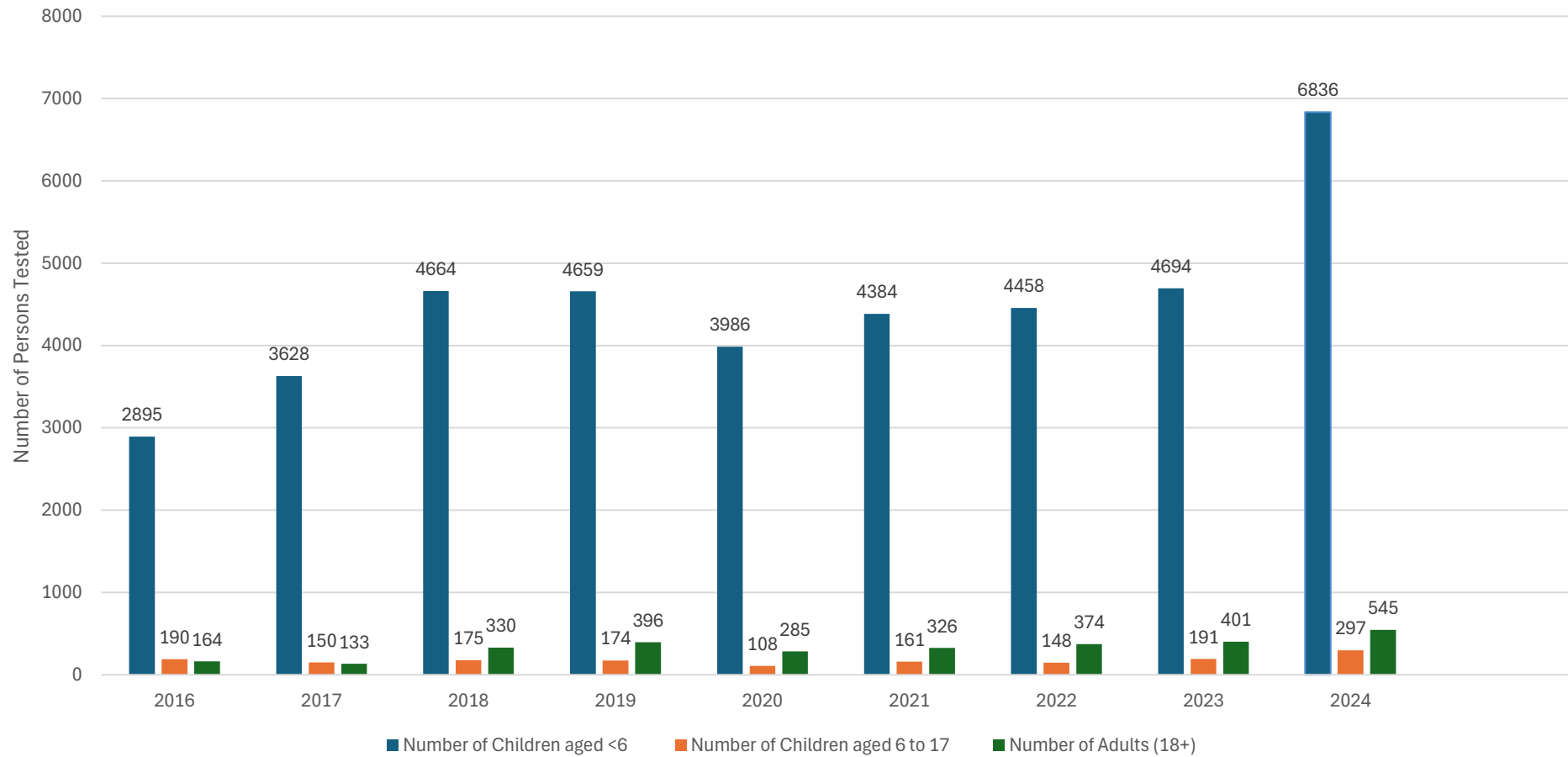
Blood Lead Annual Report 2024



SOUTH DAKOTA DEPARTMENT OF HEALTH



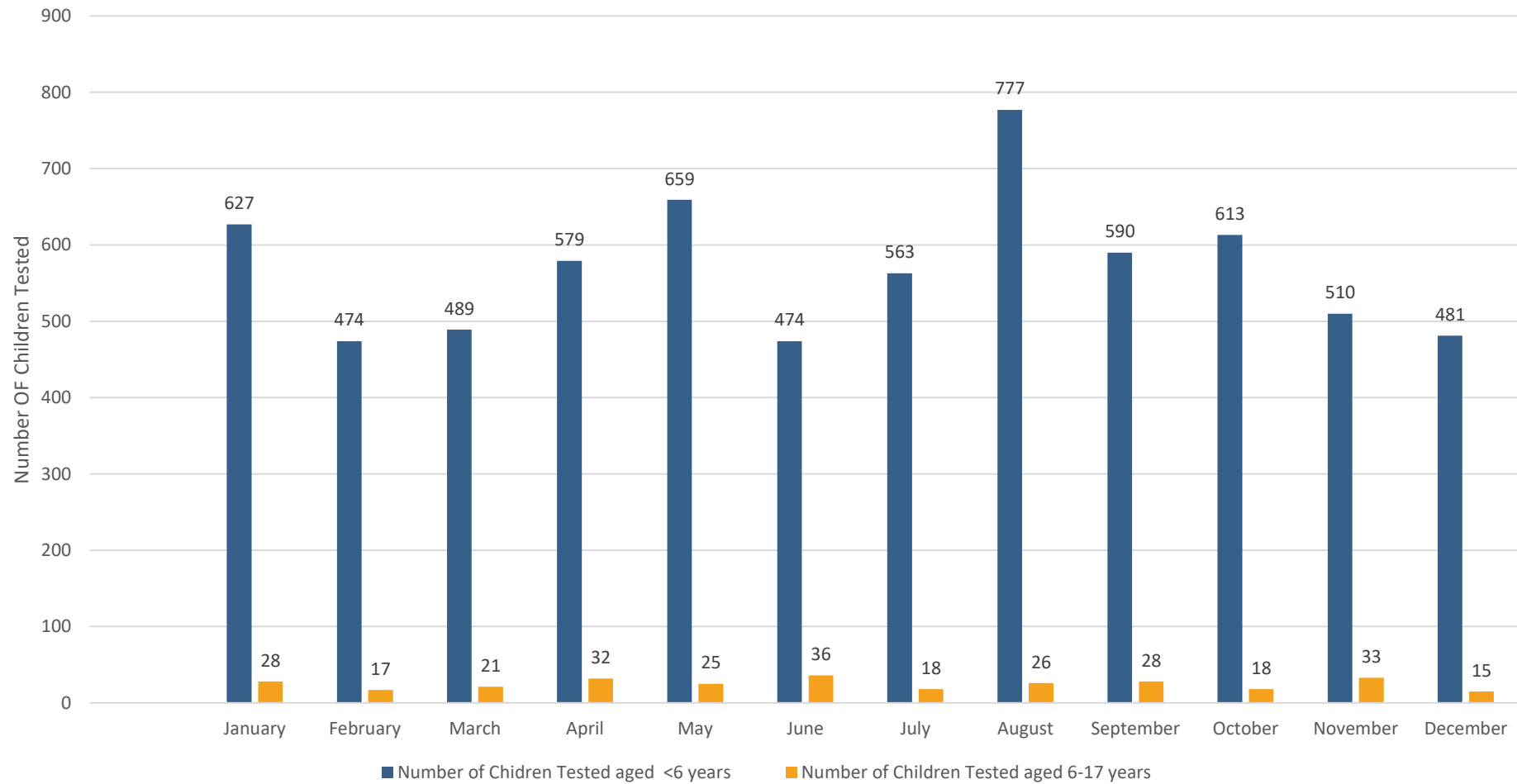
Number of Persons With a Blood Lead Test by Year and Age Group, South Dakota, 2016-2024



Preliminary Data



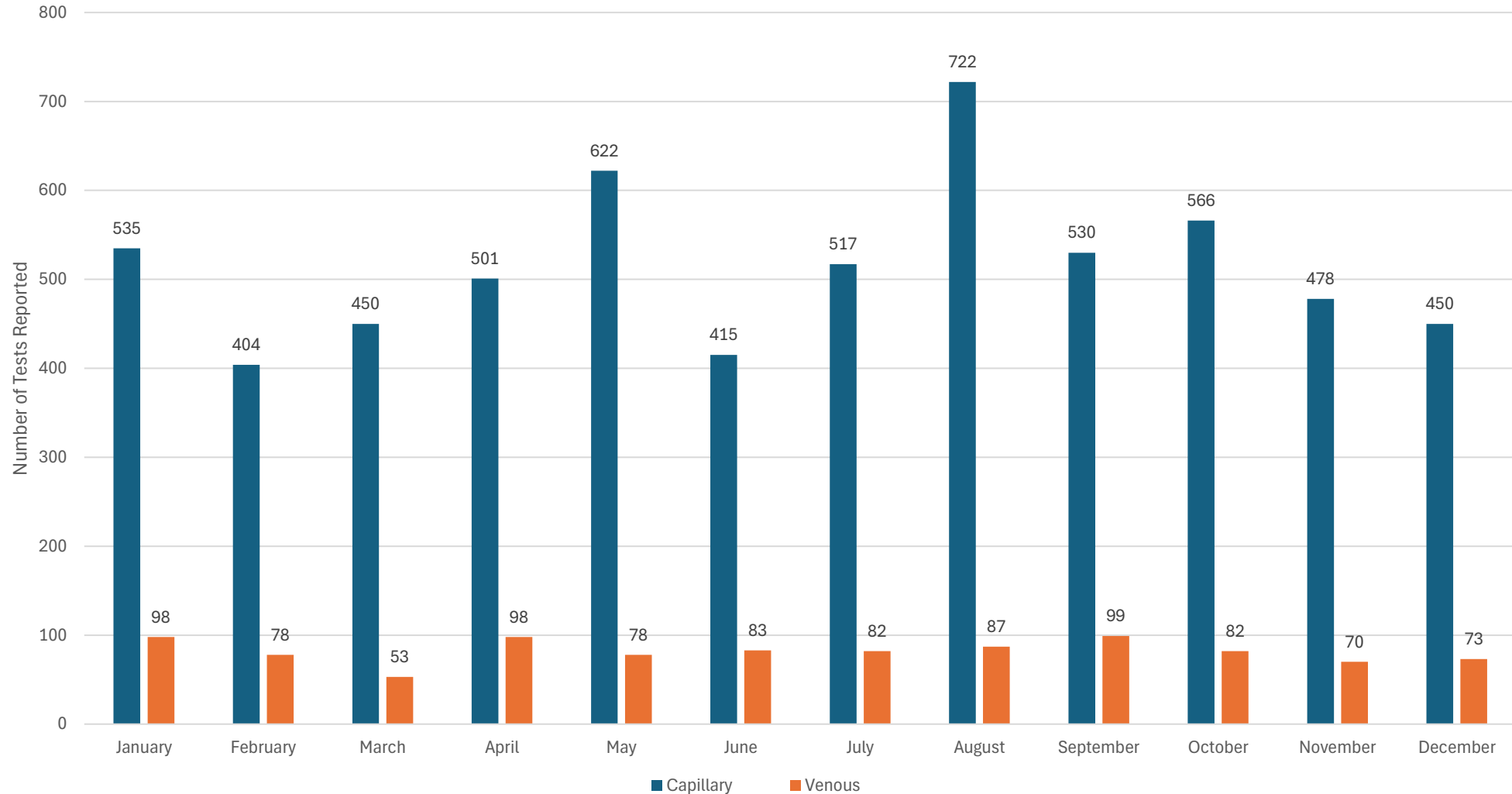
Number of Children Tested by Age Group and Month, 2024



Preliminary Data



Capillary and Venous Testing Volume for Children Less Than 6 Years Old, 2024



Preliminary Data



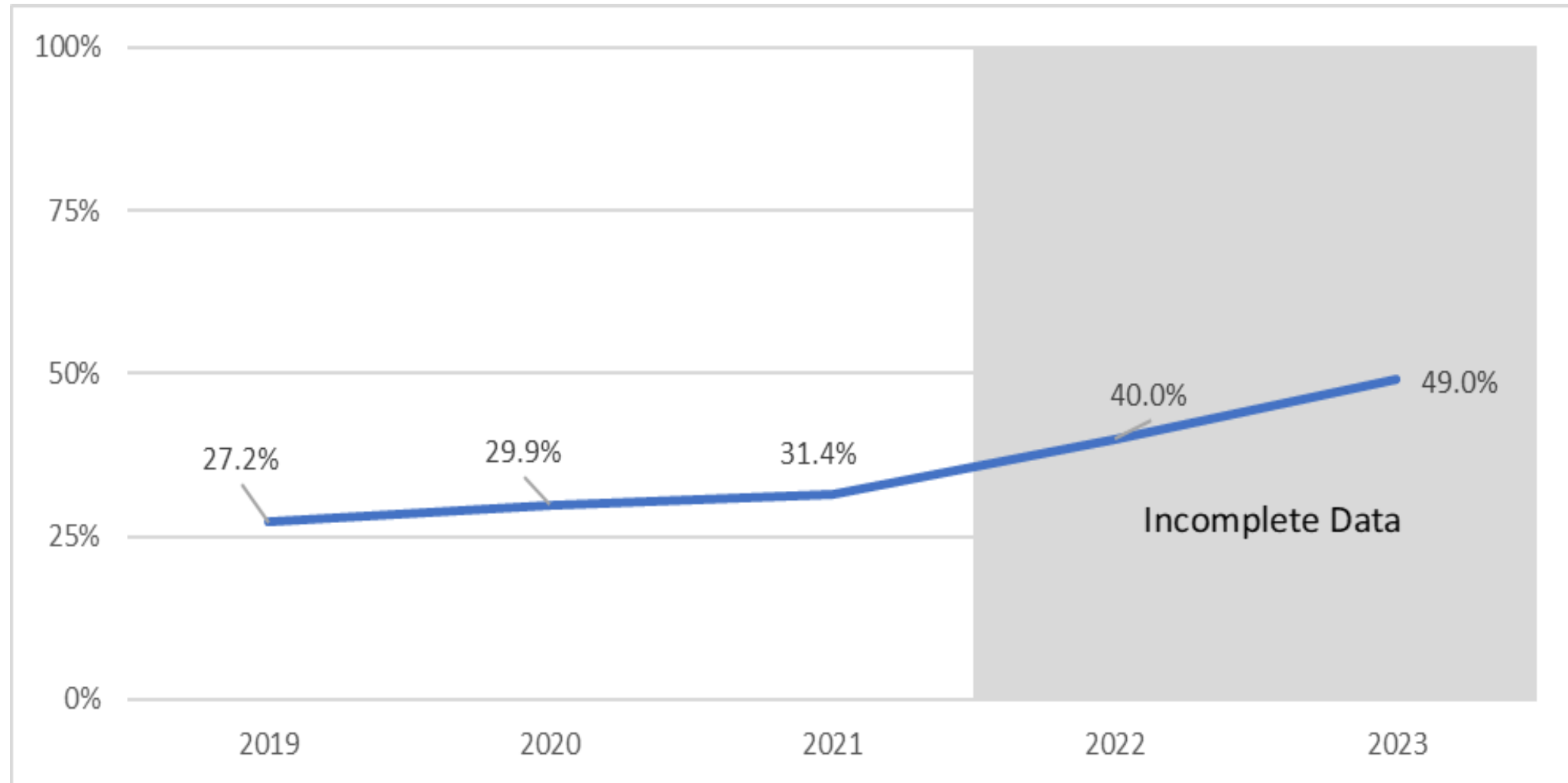
Age Distribution of Children Receiving an Initial Blood Lead Test, 2024

Number of Children Tested	# Children	%
0-24 months	5147	75.29%
25-48 months	1152	16.85%
49 -<72 months	537	7.86%
Total	6836	100.00%

Preliminary Data



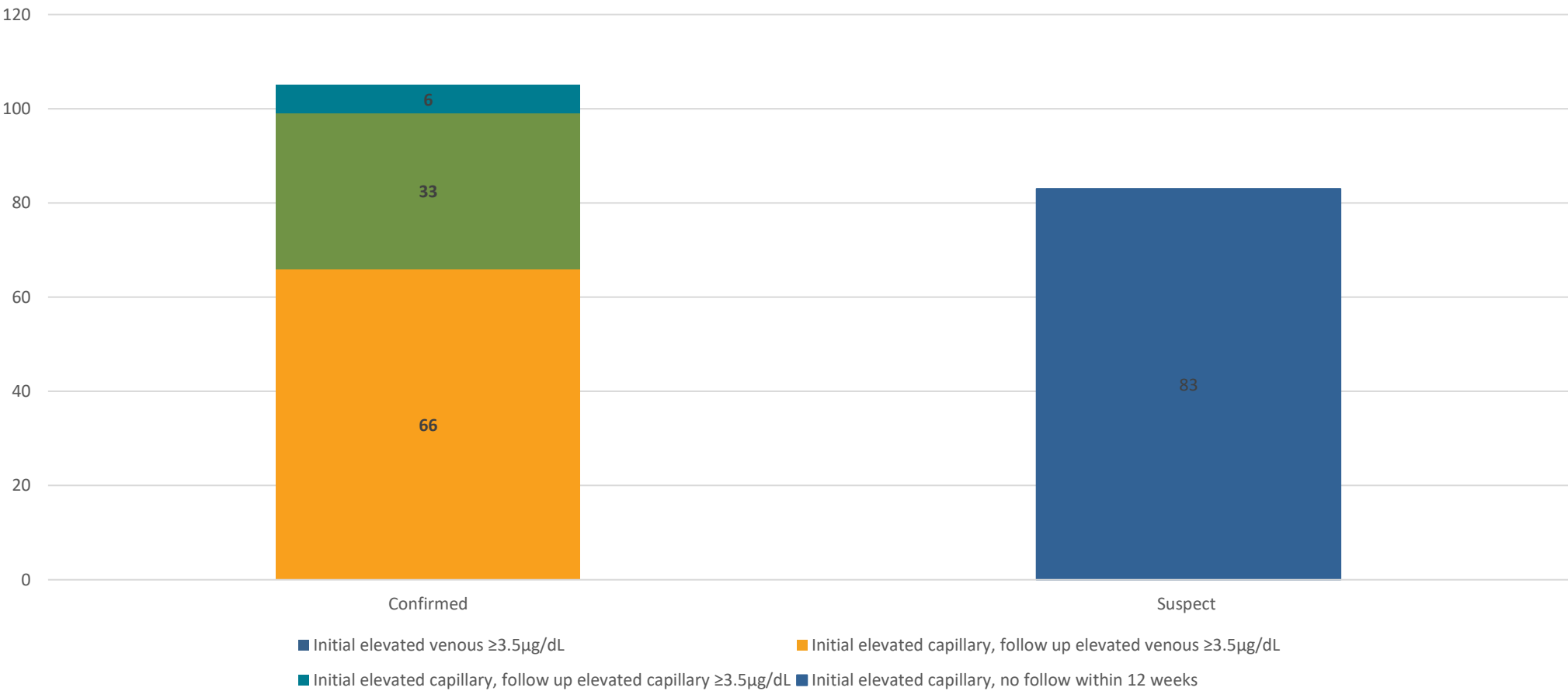
Percent of Children Tested at Least Once by Age 3 Years, by Birth Cohort



Preliminary Data



Number of Children Less Than 6 Years Old with Confirmed and Suspect Blood Lead Levels $\geq 3.5\mu\text{g/dL}$, 2024





Demographic Characteristics of Children Less Than 6 Years Old Tested, 2024

Characteristic	# Tested	% Tested	# Confirmed* And Suspect†	% Confirmed and Suspect	% Children Tested
Female	3248	47.50%	85	45.20%	1.20%
Male	3583	52.40%	102	54.30%	1.50%
Unknown Gender	5	0.10%	1	0.50%	0.00%
Total	6836	100.00%	188	100.00%	2.80%
American Indian / Alaskan Native	968	14.20%	56	29.80%	0.80%
Asian	101	1.50%	6	3.20%	0.10%
Black / African American	290	4.20%	11	5.90%	0.20%
Native Hawaiian / Pacific Islander	5	0.10%	1	0.50%	0.00%
Other	518	7.60%	8	4.30%	0.10%
Refused to answer	2	0.00%	0	0.00%	0.00%
Unknown	1198	17.50%	27	14.40%	0.40%
White	3754	54.90%	79	42.00%	1.20%
Total	6836	100.00%	188	100.00%	2.80%
Non-Hispanic	3511	51.40%	101	53.70%	1.50%
Unknown	2884	42.20%	79	42.00%	1.20%
Hispanic	441	6.50%	8	4.30%	0.10%
Total	6836	100.00%	188	100.00%	0.03

Preliminary Data



Data Summary for Year 2024

- 6836 children <6 years tested; 188 (2.8%) were identified as confirmed and suspect with blood lead levels (BLLs) $\geq 3.5 \mu\text{g/dL}$
- 75.3 % of tests of children <6 years old were among those aged 0–24 months
- More male children (<6yrs) tested (52.4%); slightly higher elevated BLL (EBLL) rate for males (1.5%
%) than females (1.2%)
- Majority of tests were among White (3,754; 54.9%) followed by American Indian/Alaskan Native (968; 14.2%) and unknown race (1,198; 17.5%) children (<6yrs)
- Highest number of confirmed and suspect case among White children (79 cases) and American Indian/Alaskan Native (56 cases) children (<6yrs)
- Ethnicity reporting indicates 51.4% Non-Hispanic (101 cases; 1.5%), 6.5% Hispanic (8 cases; 0.1%), and 42.2% Unknown ethnicity (79 cases; 1.2%).
- Testing peaked in August; capillary tests are most common
- Early testing trends continues to improve; 31.4% of 2021 birth cohort tested by age 3

Evaluation Report 2024



SOUTH DAKOTA DEPARTMENT OF HEALTH



Strategy I: Ensure Blood Lead Testing and Reporting

Indicators				
Description	Baseline	Value Year 2	Value Year 3	Value Year 4
# LAG members represented by geography	7	7	8	8
% of members in attendance	70%	81%	87.5%	62.5%
# of tests for children under 6 years old below the BLRV received	-	4,409	4,716	6,905
% of SD children under 6 years old with a blood lead test reported	-	7.6%	8.0%	12%

Blood Lead Training Survey Report

Participants: 80 providers, 91 students

Provider roles: AAPs (27.5%), Nurses (23.8%), Physicians (17.5%), Other (27.5%).

Affiliations: 75% health systems; majority in Family Medicine

Students: Primarily nursing (97.8%)

Overall impact: Strong positive responses – improved knowledge and skills in lead exposure/management

Session length: Mostly "just right" (providers: 61; students: 50)

Recommendation rating: High likelihood (avg 8.66; students 7.96).

Qualitative feedback:

- Strengths: clear, informative, evidence-based, engaging presenter
- Improvements: more interactivity, practical resources
- Many reported no changes needed.



Strategy II: Enhance Blood Lead Surveillance

Indicators				
Description	Baseline	Value Year 2	Value Year 3	Value Year 4
# of blood lead tests reported to SD DOH for children under 6 years old	-	4,662	4,923	7,171
# of all tests for children under 6 years old with a BLL at or greater than the BLRV	-	253	207	266
% of all tests with a BLL at or greater than the BLRV	-	5.4%	4.2%	3.8%
# of children at or greater than the BLRV appropriately flagged in Maven for investigation	-	150	171	227
# of families with contact initiated with children with BLL at or greater than the BLRV	-	59	127	220
# of families with complete interviews with children with BLL at or greater than the BLRV	-	17	94	87
# of cases with missing child address and zip codes		387	1	530
# of cases with missing child demographic information (race, ethnicity, and gender)	-	379	299	1203
# of high-risk zip codes identified	-	41	41	41
# of surveillance reports	1	1	1	1
# of on-time CDC submissions for surveillance data	4	4	4	4



Strategy III: Improve Linkages of Lead-Exposed Children to Recommended Services

Indicators				
Description	Baseline	Value Year 2	Value Year 3	Value Year 4
# of families with children under 6 years old with a BLL at 10 µg/dL or greater than the BLRV that receiving education on follow-up testing and timing	-	17	27	28
# of children under 6 years old with BLL at 10 µg/dL or greater with a follow-up visit to their medical professional within 2 weeks of initial notification from SD DOH	-	10	8	11
# of referral sources identified and additional partnerships	-	3	3	5
# of resources sources identified		6	6	6
# of families referred	-	2	21	26
# of MOUs	-	1	1	1
# of reports with shared data	-	1	1	1
Submission of Awardee Lead Profile Assessment	-	1	1	1
Submission of a Success Story	1	1	1	1



LAG

Topic: Obtaining feedback from parents of children who have received CLPPP services

Questions:

1. Why? (evaluation of services, feedback about barriers, etc.)
2. When? (end of current interview, additional individually scheduled time)
3. How? (quantitative questions, qualitative individual interview, focus groups)
4. Other considerations?



Additional LAG Members **FEEDBACK**

Current Members

- Ashley Lauing, Policy Strategy Manager – Department of Social Services
- Kelly Thomas, Laboratorian – Indian Health Service
- Lori Hestad, Quality and Performance Improvement Coordinator- City of Sioux Falls Health
- Mark Mayer, Engineering Manager – Department of Agriculture and Natural Resources
- Rea Riggle, Environmental Coordinator – South Dakota Department of health
- Rochelle Boote, MD – American Academy of Pediatrics (SD Chapter)
- Tina Boxley, Health and Safety Specialist – Head Start

Next Steps

- Next meeting /topics interest
- Closing

