

# Lead Safe Home Fund

## Lead Safe Child Care Program Application

### **Need help making your child care property lead safe? We are here to help!**

The Lead Safe Cleveland Coalition through its “Lead Safe Home Fund” is offering grants to home- and center-based child care programs to help make their early childhood education spaces lead safe.

#### **Who is eligible to receive lead funding?**

You are eligible to receive assistance if you meet the minimum eligibility guidelines below:

- The unit must have been constructed before 1978 and located within the City of Cleveland.
- The owner must be up to date on all property taxes or have an established payment plan.
- The property is not under a Lead Hazard Control Order.  
*If you are under this order, please call the Cleveland Department of Public Health at 216.263-LEAD (5323).*
- The property is not in foreclosure.
- For residential rental properties, the owner must possess a valid rental registration issued by the City of Cleveland Department of Building and Housing.
- The child care program must be licensed through the Ohio Department of Job and Family Services.

#### **Instructions**

Please answer the questions on the following page to determine your eligibility to participate in the program. If you are eligible, complete the application starting on page 3 and provide copies of the following documents.

1. Photo identification of applicant
2. If you are a building renter, please provide a copy of your signed lease agreement and Rental Property Owner Consent Form
3. Building blueprints OR floor plan, if accessible

Application and documents can be mailed or dropped off to Starting Point at 6001 Euclid Ave Suite 200, Cleveland, OH 44103. You can also contact Starting Point at (216) 575-0061 to receive instructions to send the information electronically.

Need help completing this application? Call Starting Point at (216) 575-0061

## **Eligibility**

First, let's confirm that you are eligible to participate in the program.

Is the property located in the City of Cleveland?

- Yes
- No (You are ineligible to apply for the program)

Was the property built before 1978?

- Yes
- No (You are ineligible to apply for the program)

Does your property have a Lead Hazard Control Order? This is when property owners have been issued an order to vacate a property because it contains known lead hazards and has been declared unsafe for human occupation, especially for children younger than six years old and pregnant women.

- Yes (You are ineligible to apply for the program. You should call the Cleveland Department of Public Health at 216.263-LEAD (5323) for further support and instruction.)
- No

Are you current on all your Cuyahoga County taxes, fees, and charges?

- Yes
- No (You are ineligible to apply for the program)

If no, are you currently on a payment plan?

- Yes
- No (You are ineligible to apply for the program)

Is property currently in foreclosure?

- Yes (You are ineligible to apply for the program)
- No

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## **Applicant Information**

If you are eligible to participate in the program, as determined on the previous page, please complete the following information.

Name \_\_\_\_\_

Title \_\_\_\_\_

(Child Care Business Owner, Child Care Staff Member, Owner Representative, Administrator, Other: please describe)

Organization \_\_\_\_\_

Business telephone number \_\_\_\_\_

Business email address \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_

Child Care owner or administrator gender

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Non-Binary            |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer Not to Respond |

Child Care owner or administrator race

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White                                      |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Two or More Races                          |
| <input type="checkbox"/> Middle Eastern or North African   | <input type="checkbox"/> Prefer Not to Respond                      |

Child Care owner or administrator ethnicity

- |   |  |
|---|--|
| <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> Prefer Not to Respond |
| <input type="checkbox"/> Not Hispanic or Latino |  |

Child Care owner or administrator primary language (Optional)

- |  |  |
|--|--|
| <input type="checkbox"/> English           | <input type="checkbox"/> Nepali                |
| <input type="checkbox"/> Chinese Mandarin  | <input type="checkbox"/> Russian               |
| <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Spanish               |
| <input type="checkbox"/> French            | <input type="checkbox"/> Swahili               |
| <input type="checkbox"/> Hebrew            | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Hindi             | <input type="checkbox"/> Prefer Not to Respond |
| <input type="checkbox"/> Karen             |  |

How did you hear about us? (Optional)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Billboard    | <input type="checkbox"/> Social Media (Facebook/Instagram/X)       |
| <input type="checkbox"/> Event        | <input type="checkbox"/> Television/Radio                          |
| <input type="checkbox"/> Internet     | <input type="checkbox"/> Word of Mouth                             |
| <input type="checkbox"/> Poster/Flyer | <input type="checkbox"/> Referral or Other, please describe: _____ |

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## **Child Care Staff and Enrollment Information**

Please complete the following fields.

### **STAFF DEMOGRAPHICS**

What percentage of your staff is American Indian or Alaska Native?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is Asian?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is Black or African American?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is Native Hawaiian or Pacific Islander?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is White?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is Hispanic?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is Male?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is Female?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

What percentage of your staff is Non-binary?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-25%  | <input type="checkbox"/> 51-75%  |
| <input type="checkbox"/> 26-50% | <input type="checkbox"/> 76-100% |

### **ENROLLMENT**

Enter the number of children enrolled in each of the following ages:

Infant _____	Preschool _____
Toddler _____	School Age _____

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Does your child care program accept publicly funded child care as a form of payment?

- Yes
- No

If yes, what percentage of families receive this benefit? \_\_\_\_\_

Are there any known cases of children with elevated blood lead levels who attend your program?

- Yes
- No

If yes, how many known cases in the past 5 years? \_\_\_\_\_

**ENROLLMENT DEMOGRAPHICS**

What percentage of your enrolled children are American Indian or Alaska Native?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

What percentage of your enrolled children are Asian?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

What percentage of your enrolled children are Black or African American?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

What percentage of your enrolled children are Native Hawaiian or Pacific Islander?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

What percentage of your enrolled children are White?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

What percentage of your enrolled children are Hispanic?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

What percentage of your enrolled children are Male?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

What percentage of your enrolled children are Female?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

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## **Program and Property Information**

Please furnish the following details concerning the program and the child care property designated for remediation.

Child Care Program License # \_\_\_\_\_

Year Property Built \_\_\_\_\_

What is the building size of the center (total square footage of child care center and all other areas used by children)? \_\_\_\_\_

What is the area of usable indoor activity space (number above with storage areas, offices, bathrooms, hallways, etc. excluded)? \_\_\_\_\_

What is the area of usable outdoor play spaces OR IF EXEMPT- area of separate usable indoor play space AND distance to approved outdoor play area? \_\_\_\_\_

Are there any potential code and/or licensing concerns for the building?

- Yes  Unsure  
 No

Have you had a lead assessment done at your facility within the last 5 years?

- Yes  Unsure  
 No

Does this property carry casualty insurance?

- Yes  Unsure  
 No

Has the above property been subject to foreclosure, deed-in-lieu transfer, short sale or sheriff sale within the past 36 months?

- Yes  Unsure  
 No

Does the property currently have any lienable judgements?

- Yes  Unsure  
 No

Has this property been included in a Chapter 7 or Chapter 13 Bankruptcy judgement within the prior 48 months?

- Yes  Unsure  
 No

Do you rent/lease or own the property?

- Rent/Lease  
 Own

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Is your program home-based or center-based?

- Home-based
- Center-based

Does your location have a main office location where you would like billing and other official correspondence to be sent to?

- Yes
- No

**IF YES:**

Main Office Contact\_\_\_\_\_

Company Name\_\_\_\_\_

Main office street address\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip Code\_\_\_\_\_

**Site/Unit Details**

Please provide the address of the child care program site seeking lead remediation.

Property Street Address \_\_\_\_\_

Unit # (if applicable) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

**Property Type**

- |  |  |
|--|--|
| <input type="checkbox"/> Church        | <input type="checkbox"/> Multi-family                  |
| <input type="checkbox"/> Commercial    | <input type="checkbox"/> Single family                 |
| <input type="checkbox"/> Duplex        | <input type="checkbox"/> Storefront                    |
| <input type="checkbox"/> Former school | <input type="checkbox"/> Triplex                       |
| <input type="checkbox"/> Fourplex      | <input type="checkbox"/> Other: please describe: _____ |

**IF HOME-BASED:**

Please provide information about other individuals residing in the property, such as the applicant, children, other family members, or non-family members.

How many individuals living on the property fall within the following age categories?

0-5: \_\_\_\_\_ 12-18: \_\_\_\_\_

6-11: \_\_\_\_\_ 20+: \_\_\_\_\_

Are there any known cases of children with elevated blood lead levels who live on the property?

- Yes
- No

**If yes**, how many known cases in the past 5 years? \_\_\_\_\_



## **Terms of Service**

Once approved, Starting Point will contact you to arrange for a trained and program-certified inspector from the Lead Safe Cleveland Coalition to visit your child care facility. The inspector will check what lead services are needed to make your property safe from lead. This inspection might take a few hours, and the inspector will need to access the attic, operation spaces, living spaces, and basement.

It is important to know that if the inspection finds any unsafe conditions (e.g., leaking roof, structural damage or issues, infestations, hoarding), the lead work cannot happen until those issues are fixed.

After the inspection, the inspector will explain what work is needed, fill out paperwork, and Starting Point will contact the contractor who will perform the work. The contractor and/or Starting Point staff will then reach out to you to schedule the job. When the work is finished, an inspector will return to make sure everything was done right and to do a final check. Once everything is completed satisfactorily, it is the responsibility of the property owner of a residential property to get their Lead Certificate from the City of Cleveland.

You certify that all information provided in this application is accurate and complete. You acknowledge that any false statements may constitute fraud and could result in legal consequences. Failure to disclose all requested information may lead to the rejection of your application.

You understand that Starting Point will contact you to verify the details provided in this application and may request additional information as necessary for program participation.

By signing below, you authorize Starting Point to share your application information with relevant third parties to facilitate the provision of requested services.

You affirm that you have the requisite authority to submit this application on behalf of the property owner represented in this application.

Your signature below confirms your understanding of and agreement to the terms and services outlined in this application.

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Applicant Name

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Applicant Signature

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Date

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