



Smart Infrastructure. Lead-Free Communities.

A close-up photograph of a young girl with dark hair drinking water from a chrome faucet. The water is captured mid-pour, creating a dynamic splash. The background is a soft, out-of-focus green.

Filter First

A Solution for Reducing Lead in Drinking Water in New Jersey Schools and Childcare Centers

JERSEY WATER WORKS LEAD IN DRINKING WATER ADVISORY COMMITTEE

Introduction/Background

In 2025, New Jersey took significant steps towards ensuring lead-safe drinking water in schools with two crucial actions. The first one was the passage of a [filter bill](#)¹ providing grant funds for point-of-use filtered bottle-filling stations and filtered faucets. The second action was the announcement of round two funding for the Securing Our Children's Future Bond Act (SOCFBA) grant funding for water infrastructure improvements in schools. These steps mark a crucial milestone toward a statewide comprehensive "Filter First" strategy that prioritizes proactive filtration and ongoing maintenance.

Lead contamination poses significant health risks. Lead exposure in drinking water is preventable, but the damage is irreversible. Lead is harmful to human health when ingested, and it is particularly threatening to young children and infants.

The New Jersey Department of Environmental Protection (NJDEP) [estimates](#)² that 20% of all lead exposure is from drinking water, with this percentage potentially reaching 60% for infants, particularly those who are formula-fed.

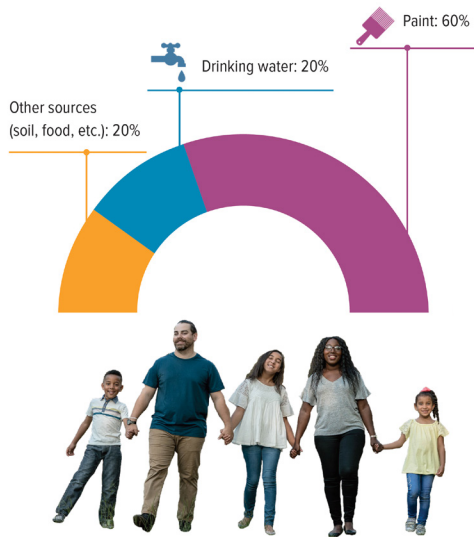
Many [school districts are aware](#)³ that lead exposure from drinking water is a concern, especially in older buildings, but lack adequate resources to take remedial measures, such as removing internal plumbing and fixtures, including water fountains. Even if a school were to install entirely new plumbing today, those pipes would [still have lead in them](#)⁴, leading to potential exposure. To ensure the safety of school drinking water, the "Filter First" approach prioritizes prevention over reaction — mandating certified filters on every fixture and enforcing strict protocols for consistent testing, transparency, and maintenance

to provide a permanent safeguard against lead and other contaminants. Filtering at the point of use provides a lower-cost remediation mechanism for schools and childcare facilities with lead exposure from internal plumbing, including schools with

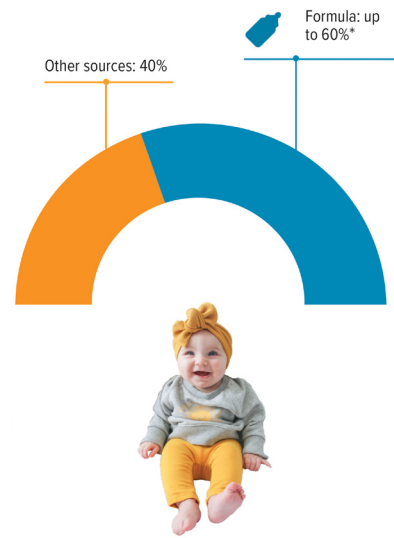
pre-kindergarten, kindergarten, and early elementary students. Still, even this step can be too costly for some school districts and childcare facilities.

PATHWAYS OF LEAD EXPOSURE

Pathways of Exposure for the General Public



Pathways of Exposure for Infants



Problem Statement

Lead contamination poses a pressing challenge in New Jersey, affecting [numerous schools](#)⁵ and childcare facilities. [Lead exposure](#)⁶ harms children’s physical, mental, and social development. **No safe level of lead exposure has been identified.** Even low levels of exposure can cause irreversible damage, emphasizing the need for proactive measures. New

Jersey’s current drinking water lead action level of 15 ppb is not health-based, focuses on public water systems, and leaves New Jersey children susceptible to lead exposure in their drinking water. Point-of-use filters provide a reliable long-term solution to reduce lead exposure in drinking water in schools and childcare facilities.

Health Impacts and Unjust Alternatives

Lead contamination necessitates immediate attention due to its profound health implications. Current solutions—such as shutting off water access and providing bottled water—are temporary, costly, and harmful, underscoring the need for safer alternatives. Prolonged exposure to lead can have long-term health and educational [impacts](#)⁷, including developmental delays, learning disabilities, and organ damage. The most common sources of lead in drinking water are pipes, faucets,

and other plumbing fixtures containing lead, while the most vulnerable populations are children under six.

Exposure to lead is a silent danger, especially for young children. Numerous studies have shown that even low levels of exposure can have irreversible effects on health, including [learning and behavioral problems](#)⁸ (e.g., decreased IQ). New Jersey longitudinal [data](#) show that progress in reducing

childhood lead poisoning was occurring but has stalled. Despite yearly improvement from 2020 to 2023, the percentage of tested children younger than six years of age with elevated blood lead levels remained at 1.4% from 2023 to 2024. Failure to act will result in high avoidable costs for healthcare, education, and social services. According to a 2021 Jersey Water Works report, [“Lead in Drinking Water in Child Care Facilities: Ensuring the Future for New Jersey’s Children.”](#)⁹ studies have shown that the benefits of lead remediation far exceed the costs. Removing lead service lines (LSLs) can help protect children and yield significant future benefits, while filtering to address lead within buildings further enhances those protections, making lead hazard control a worthwhile investment. [Preventing lead exposure in schools and childcare centers](#)¹⁰ is crucial. To address this, “Filter First” policies are recommended as a proactive strategy to prevent childhood lead exposure. This approach ensures a safer environment and builds trust among parents, school staff, and the community by filtering drinking water before it’s accessed.

SAFETY, EQUITY, AND SUSTAINABILITY: CONCERNS WITH CURRENT SCHOOL LEAD REMEDICATION STRATEGIES

Many communities [rely](#)¹¹ on plastic-bottled water for drinking and cooking due to deep-seated distrust of aging infrastructure. This reliance is not merely a preference but a behavioral response to the fear of lead contamination. However, shifting from tap to bottled water exacerbates an existing cycle of distrust, health risks, financial hardship, and environmental harm for those already disproportionately affected. By using filters to transition back to tap water, schools and child care centers can mitigate this unjust cycle.

While bottled water is marketed as a “clean” alternative, it is a major source of [environmental harm](#)¹² and, in many ways, is [less regulated](#)¹³ than municipal water supplies. This is particularly evident with ‘forever chemicals’ like PFAS. While the [US Environmental Protection Agency](#)¹⁴ established strict, legally enforceable limits for PFAS in public drinking water in 2024 to protect public health, the [Food and Drug Administration](#)¹⁵ does not currently require bottled water companies to test for or disclose PFAS levels. Consequently, families may unknowingly trade one exposure for another. Single-use PET plastic bottles are known to leach [chemicals](#)¹⁶, including antimony, phthalates, PFAS, and even heavy metals such as lead, into water, particularly when stored in warm environments. They can interfere with development, especially in children, and are linked to higher risks of diabetes, cardiovascular disease, infertility, and neurobehavioral problems. Additionally, a [study](#)¹⁷ by Columbia and Rutgers Universities found that an average liter

of plastic-bottled water contains approximately 240,000 plastic particles, primarily nanoplastics, which are associated with heart disease, inflammation, neurodegenerative diseases, and sexual dysfunction. Though no filtration system can remove every trace of every harmful compound, research indicates that [high-quality filters](#)¹⁸ are significantly more effective at reducing exposure than relying on plastic-bottled water.

For many families, these health risks are overshadowed by the immediate, daily struggle of water affordability. The reliance on bottled water is fundamentally an equity issue, costing households [hundreds of dollars](#)¹⁹ more per year than tap water and [diverting](#)²⁰ those funds from other necessities. Despite the significant cost difference between bottled and tap water, disadvantaged families often opt for bottled water due to water quality concerns. In addition, bottled water is also used as a result of [shut-offs](#)²¹. This further drains household wealth in communities that can least afford it. This dynamic reveals that what is often framed as a personal preference for bottled water is, in reality, a systemic burden forced upon families who must navigate the dual pressures of rising utility rates and crumbling infrastructure. This economic burden also poses another serious water-related health risk: the exacerbation of compounding chronic stress linked to poverty, which is itself a [primary driver](#)²² of cardiovascular and stress-related diseases. Schools and childcare centers often mirror and exacerbate this struggle, failing to provide a safe, sustainable alternative to bottled water when they experience their own shut-offs.

Similar to household water shut-offs, [water shut-offs in New Jersey schools](#)²³ happen most frequently in low-income districts due to elevated lead levels, disproportionately reducing access to water. For example, [Newark Public School District](#)²⁴, NJ’s largest district, had to shut off water fountains at 30 school buildings in 2016 due to elevated lead levels. This event [sparked](#)²⁵ costly lead testing and reporting [requirements](#)²⁶ for NJ school districts and widespread subsequent water shut-offs. Schools often rely on costly alternatives, such as five-gallon plastic dispensers and single-use bottles during water [shut-offs](#)²⁷, a practice that inadvertently legitimizes the use of bottled water at the institutional level. This reliance not only strains school budgets but also reinforces the [perception](#)²⁸ that tap water is fundamentally unsafe, deepening the community’s dependence on expensive, less-regulated alternatives.

In November 2019, a school district in [Camden](#)²⁹, one of New Jersey’s most economically distressed cities, reported spending \$110,000 on bottled water in the 2018–2019 school year alone, with costs continuing to climb. In 2021, [Jersey City](#) reported spending over \$200,000 on bottled water for lead-impacted

schools. In one [study](#)³¹, schools with decades-long reliance on plastic water coolers for drinking water reported issues such as empty water dispensers, a lack of disposable paper cups for students without reusable bottles, and poor maintenance and cleanliness of the units. These issues significantly limited access to water for students and staff. In contrast, while filter stations require replacement cartridges and monitoring, maintenance tasks are notably less frequent and physically demanding for school staff, making it a more reliable long-term option. Schools also use faucet flushing as a less costly lead [remediation strategy](#)³²; however, without pairing this method with a high-quality filter, it is a less effective, short-term fix that requires constant maintenance, wastes water, and can inadvertently [increase](#)³³ lead exposure.

By installing high-quality filtration stations, schools can help

reduce financial hardship by boosting confidence among struggling families, providing a visible, permanent source of safe water. Increasing reliable access to [filtered, trustworthy drinking water sources](#)³⁴ can increase student water intake and decrease bottled water consumption during the school day, allowing families to divert essential funds elsewhere. Ultimately, bottled water is an unsustainable and unjust substitute for functional infrastructure. It fails to address the root cause of water insecurity while contributing to environmental degradation and economic hardship. Transitioning toward filtered tap water in schools and child care centers is more than a public health measure; it provides a long-term, cost-efficient, and equitable pathway to ensure that a child's zip code does not determine the quality or cost of the water they drink.

Current Filter Implementation Policies in New Jersey

SCHOOLS

Per [N.J.A.C. 6A:26-12.4](#)³⁵, all New Jersey school entities and state-funded childcare facilities are mandated to conduct lead sampling and analysis for all consumption outlets every three years. While the state allocates millions in [reimbursements](#)³⁶ per testing cycle, a significant discrepancy persists between the identification of lead and its remediation. Despite mandated testing beginning in 2016 with as high as [90% compliance](#)³⁷ among school districts, the New Jersey Department of Education [reported](#)³⁸ that in the 2024-2025 school year, over 44% of schools still identified outlets exceeding the 15 ppb action level, signaling a failure in long-term mitigation. Without the proactive framework of a “Filter First” approach, recurring testing expenditures represent a sunk cost that documents contamination without ensuring resolution.

New Jersey's law, [P.L. 2025, Chapter 76, approved June 30, 2025](#)³⁹, is designed to provide proactive, widespread filter installation and long-term maintenance, distinct from NJ [grant programs](#)⁴⁰ requiring prior testing for eligibility. This legislation aligns with the core “Filter First” principles, ensuring continuous safety and preventive action for drinking water that exceeds the 15 ppb threshold.

Additionally, pursuant to the [Securing Our Children's Future Bond Act](#)⁴¹, reimbursable funds have been made available through one round of funding across five years for school districts in the following areas:

- One-time Acquisition and Installation: Funding for the one-time acquisition and installation of filtered

bottle-filling stations and filtered faucets to address contaminated existing drinking sources, in compliance with the plan.

- Maintenance and Cartridge Replacement: Funding for maintaining filtered bottle-filling stations and faucets, including the replacement of filter cartridges, in accordance with the plan.
- Provision of Filtered Water Systems: Funding for filtered bottle-filling stations, filtered faucets, point-of-use filters, or filter cartridges.

POLICY GAP

Childcare Facilities (Pending)

From a health risk perspective, child care facilities are a bigger issue because lead is especially harmful to the brains of infants and small children, as it is more likely to pass through the blood-brain barrier. While there are currently no policies regarding filter usage in childcare facilities, legislation has been under consideration since 2022. [NJ bill S1050](#)⁴² would require landlords of childcare centers that refuse to replace lead service lines to install and maintain water filters. The latest draft bill has the following provisions:

- It mandates that landlords of residential or nonresidential buildings providing child care services must install and maintain point-of-use water filters if they deny access to a public community water system

to replace a lead service line.

- These filters must be certified by an accredited third party to meet NSF/ANSI standards 42 and 53, covering all fixtures that supply water for drinking, food preparation, or baby formula in the childcare space. Landlords must also annually certify compliance with the New Jersey Department of Environmental Protection (NJDEP).
- Noncompliance can lead to civil administrative penalties of up to \$500 per day from the NJDEP. Tenants are authorized to notify landlords of violations, initiate rent escrow payments, or even file

civil actions for damages, with no limit to civil liability if a tenant or child care user experiences elevated blood lead levels due to the landlord's failure. The bill also protects tenants from retaliatory actions for pursuing such legal recourse.

The provisions of this bill would be valuable. Still, the Filter First concept should apply to all childcare centers — even where an LSL has been replaced or never existed — because lead may still be present in indoor plumbing and fixtures that filtration would address. Another applicable amendment to the bill would require landlords of childcare facilities to allow access for LSL replacement, as has been mandated for residential service lines in some municipalities (e.g., Newark).

Case Study

Lessons Learned from Michigan's Filter First Policy Implementation

A 2023 Education Week [article](#) discusses a [cost-effective](#)⁴³, innovative solution to address lead contamination in school drinking water, introduced by Michigan's "Filter First" law. Unlike traditional methods, which require costly testing, this law mandates that lead-removing filtration be installed at all designated drinking water sources, as defined in each school's drinking water management plan. Michigan's building code requires filtered water stations at a ratio of one for every 100 students, teachers, and staff. If teachers' lounges and nurses' stations are also designated drinking water sources in the school's plan, then filters are required.

According to the article "[Filter First](#)"⁴⁴ by the Michigan Department of Environment, Great Lakes, and Energy, filtering is a practical method for minimizing lead exposure in drinking water at schools and childcare centers. Installing filters on drinking fountains provides an immediate safeguard against lead, ensuring that the water students and staff consume is safe. If a water outlet isn't a designated drinking water site, it must be labeled in writing or by graphic as 'not for drinking'.

The Filter First [law](#)⁴⁵ advances public health policy by establishing a proactive, rather than reactive, approach. It eliminates the need to wait until high lead levels are detected before taking action. Despite its acceptance in Michigan, other states have shown resistance due to implementation costs. However, Michigan has allocated state funding for the filters. The program's success should encourage other states

to adopt similar measures, ensuring the availability of safe drinking water in schools nationwide.

Through a Filter First approach, lead exposure is reduced right from the start. Filters intercept lead at the tap, bringing concentrations down and mitigating risk before the water ever reaches the glass. With state funding to support installation and maintenance, this program serves as a model for other states seeking to protect children's health. Additionally, it aims to raise awareness and encourage communities to take action to protect the health of students and staff.

COST

Michigan's legislation set a starting budget of \$50 million to install filters at all schools and childcare facility water sources. This measure is regarded as rapid and cost-effective, particularly given Michigan's previously low rating in addressing school lead issues. Progress [in protecting Michigan's children](#)⁴⁶ from exposure to lead in drinking water would not be feasible without the initial funding allocation.

The annual cost of lead exposure in the United States is [estimated](#)⁴⁷ to be around \$50 billion. Below is a breakdown of the costs associated with lead exposure.

Lost Economic Productivity: A significant portion of the financial impact is attributed to reduced cognitive potential. Because lead exposure can result in permanent reductions in IQ and intellectual function that persist into adulthood, affected individuals often experience lower lifetime earnings, resulting in a massive loss of overall economic productivity.

Special Education Programs: Lead exposure significantly increases the number of children with “extremely low” IQs and learning disabilities. It is conservatively estimated to cost \$38,000 over three years to provide special education for a single child with lead poisoning.

Costs Related to Crime: There is a documented link between elevated blood lead levels and antisocial behavior, conduct disorder, and drug abuse. Reducing the average preschool blood lead level by just one $\mu\text{g/dL}$ is estimated to save \$13.4 billion in direct and indirect costs associated with criminal activity.

Societal Inequities and the Achievement Gap: Lead exposure is a significant contributor to the educational achievement gap between racial and socioeconomic groups. Children of color and those living in poverty are disproportionately affected, creating a cycle of inequity that spans generations. Reducing lead levels improves graduation rates and long-term health, which are “inextricably linked” to future economic stability.

Direct Health Impacts: While the primary focus of the \$50 billion estimate is productivity, the sources note that lead exposure can cause various medical issues, including neurological damage, elevated blood pressure, anemia, and stunted growth, all of which require medical intervention and management.

Investing in lead poisoning prevention is considered a high-return strategy, as it yields societal benefits by reducing costs in healthcare and education systems and enhancing the long-term potential of the population.

IMPLEMENTATION

“Filter First” policy implementation, when compared to other methods, such as the 3T framework (training, testing, and taking action), is a faster and more effective solution. Testing the water for lead is essential, but it does not guarantee that the water is always free from contamination. Lead release can be sporadic, leading to significant [fluctuations](#)⁴⁸ in lead levels from one day to the next. Since there is no safe level of lead exposure, using filters is the best option to safeguard children’s health. Filters consistently reduce lead levels, providing a reliable and effective solution for ensuring lead-free water in schools.

Testing should be used to ensure that lead levels do not exceed the filter’s capacity and to estimate how often the filter needs to be replaced. Additionally, to ensure maximum impact and equitable access, schools and childcare centers should prioritize installing filtered stations in prominent, high-traffic locations throughout the facility, specifically targeting athletic zones and common areas, with fixtures that are highly visible and universally accessible to users of all physical heights and abilities.

The benefits of implementing a “Filter First” policy extend beyond children’s health and well-being. It also provides peace of mind for parents and educators, knowing that the water in schools and childcare facilities is safe and free from lead. It can also help reduce the [economic burden](#)⁴⁹ of lead exposure on families and communities. Implementing a “Filter First” policy is a cost-effective and health-protective way to ensure lead-free water in schools. It is a proactive approach that can help prevent the devastating effects of lead exposure on children’s health and development.

To ensure a successful “Filter First” rollout, state governments should follow a structured administrative framework that includes the following:

- **Issue Proposed Guidance Documents:** The department should issue proposed guidance documents on its website and allow a 30-day public comment period before finalizing them.
- **Provide Guidance Documents:** The department should provide a guide that outlines key factors to consider when selecting filtered bottle-filling stations, faucets, and filter cartridges, and offers guidance on flushing a building’s cold water plumbing before installing new filtered systems.
- **Post-filtration Sampling:** The department should provide training for school staff and officials regarding the sampling and testing protocol, reporting process for test results, communicating outcomes and context to the public, and other activities relevant to program compliance.

Recommended Guidance on Cost Estimation for Filtered Water Stations in accordance with P.L. 2025, CHAPTER 76, approved June 30, 2025

Within a year of establishing the recently state-mandated “School Lead Filters” [grant program](#)⁵⁰, the NJ Department of Education must provide a cost estimate. Specifically, the Commissioner must submit a report to the Governor and the Legislature, including information on the Commissioner’s proposal for the amount of additional funding needed to meet the total need in all public schools. This indicates a need for an assessment or estimate of the total costs of installing fully filtered bottle-filling stations and filtered faucets across all public schools, beyond what initial appropriations cover.

To accurately estimate the total costs of installing filtered water stations in schools, it is recommended that the New Jersey Department of Education consider the following factors:

- **Variability in Labor Rates:** Labor costs for installation can vary significantly from town to town within a state like New Jersey. Estimates based on manufacturers’ websites may not accurately reflect local market rates, potentially leading to over- or underestimation of actual labor costs. Should the State of New Jersey support workforce training in collaboration with the Trades and Community Colleges, as done with incentives for training in the Lead Service Line program?
- **Potential for Cost Reductions through Bulk Purchasing/Subscriptions:** Implementing bulk purchasing agreements or subscription models for filter cartridges can lead to substantial cost savings. For example, purchasing water filters through a subscription could reduce costs by saving hundreds of thousands of dollars annually in a statewide initiative. Considering such procurement strategies (e.g., bulk purchasing coordinated through County Offices of Education) and making them a requirement for new laws or grant programs could optimize long-term expenses.
- **Installation Strategy – New vs. Retrofitting:** The total cost can be significantly reduced by adopting a mixed approach to installation, rather than installing brand-new bottle-filling stations and sink faucet filters exclusively. Schools often utilize a combination of new bottle fillers and retrofitting existing outlets, resulting in considerable savings.
- **Estimate Depth and Buffer:** It is common for initial cost estimates to be of a “medium-depth,” considering high-level factors such as school population and the number of schools. Recognizing areas where estimates might be off (e.g., labor rates or the assumption of all new installations) helps build a buffer, as potential overestimates in some regions can balance underestimates in others. More in-depth estimates of “low-cost” and “high-cost” options may be beneficial for providing a comprehensive financial scope.
- **Coordinated Management of Funds:** Allocate SOCFBA funds and grant funds for point-of-use filtered bottle-filling stations and filtered faucets funding streams to maximize combined impact.
- **Adopting a Filter-First Approach:** Requiring certified lead-reducing filters (e.g., NSF/ANSI 42 and 53) at consumptive outlets in schools and child care facilities provides immediate, reliable protection while lead sampling and infrastructure improvements proceed. Michigan’s model demonstrates feasibility and superior health outcomes over reactive testing alone.
- **Filter First Mandate and Funding Synergy:** Advance legislation/regulations requiring filters at drinking/cooking outlets, paired with management plans and post-installation testing (similar to Michigan’s DWMPs and annual/biennial verification). Coordinate SOCFBA with other grants to fund filtered bottle-filling stations, faucet filters, and maintenance, prioritizing high-risk facilities.

Additional Complementary Policy and Administrative Priorities Recommended for Advancement in NJ

To provide immediate protection — especially for vulnerable children — inspired by Michigan’s successful **Filter First** approach in schools and childcare facilities, New Jersey should advance a proactive filtration strategy as a bridge to potential permanent solutions.

The “filters first” priority aligns the emphasis on layered protections (e.g., corrosion control and filters) and can integrate seamlessly with ongoing LSL replacement, funding mechanisms, and regulatory enhancements. Advancing the below priorities, including but not limited to those outlined in the [2019 actionable report](#)⁵¹ — LSL replacement, interagency coordination, risk-based funding allocation, and coordinated filtration — will maximize equity, efficiency, and public health outcomes, particularly leveraging the \$100 million **Securing Our Children’s Future Bond Act (SOCFBA)** funds and emerging federal resources.

- **Lead Service Line (LSL) Replacement in Accordance with P.L. 2021, Ch. 183:** Permanent LSL removal remains the cornerstone for eliminating the dominant lead source. While the mandated 10-year statewide program (Action 2) provides the framework, targeted advancements in high-risk settings like child care facilities (often in older homes with LSLs) and schools will accelerate protections for children.
- **Prioritization in Educational and Child Care Facilities:** Regulations and legislation should fast-track LSL replacement in facilities serving young children, using utility inventories (Action 2.2) and elevated blood lead level data. DEP should collaborate with DCF to share licensed child care addresses with utilities for integration into neighborhood-scale programs, achieving 25-30% cost savings through coordinated digs.
- **SOCFBA and Broader Funding Integration:** Explicitly designate LSL removal as a high-priority eligible project under SOCFBA (Action 5.6), especially in fiscally distressed areas. Since the federal Bipartisan Infrastructure Law funding cliff is approaching (Action 2.4), including family child care providers identified via BLL data.
 - Conducting Robust Risk Analysis to Guide the Strategic Deployment of SOCFBA Funds.
 - Data-driven allocation maximizes SOCFBA’s impact.
- **Coordinating Between the New Jersey Department of Education, the Department of Children and Families, and the Department of Environmental Protection:** Siloed oversight delays progress. Enhanced coordination, facilitated by the proposed lead ombudsman (Action 1.2), is essential for aligned testing, data sharing, and remediation.
- **Unified Sampling and Protocols:** Harmonize DOE and DCF cycles (Action 5.1) and incorporate DEP’s sampling expertise for consistency.
- **Shared Databases and Map:** Formalize agreements to link LSL inventories, test results, and BLL data, enabling proactive prioritization and informed decision-making. This integration ensures efficient, child-focused implementation across agencies.
- **Amend NJ’s Section 1115 Medicaid Waiver: Cover NSF/ANSI-certified lead-reducing water filters** as a Health-Related Social Needs (HRSN) benefit, modeled on successful Medicaid-managed care initiatives (e.g., Cook County, Illinois, coupon program).

Conclusion

Alongside enhancing drinking water safety, “Filter First” represents a significant step in combating childhood lead exposure, a harmful metal that threatens children’s physical, mental, and social development. Existing Michigan programs provide evidence supporting this initiative, which also track lead poisoning cases and pinpoint affected homes. This initiative demonstrates the state’s commitment to promoting the health and well-being of children.

Installing filters in New Jersey schools and childcare facilities

requires a significant investment. However, this investment is necessary to ensure that children can access sustainably sourced, clean drinking water. By taking proactive steps to lead exposure in schools and childcare facilities, we can provide a safe and healthy learning environment for all students and children, ensuring these environments remain places where children can thrive and reach their full potential. By funding this initiative, we can help protect the health and well-being of New Jersey’s most vulnerable populations.

About the Collaboratives

ABOUT JERSEY WATER WORKS

Jersey Water Works is working to transform New Jersey’s inadequate water infrastructure through sustainable, cost-effective solutions that provide communities with clean water and waterways, healthier, safer neighborhoods, local jobs, flood and climate resilience, and economic growth. To keep tabs on all water-related issues in New Jersey, consider joining Jersey Water Works, a statewide collaborative of over 600 members whose goal is to strengthen the state’s water infrastructure.

Membership is free. See <https://www.jerseywaterworks.org/>

For more information, please email info@jerseywaterworks.org or call 609-393-0008 ext. 1022.

ABOUT LEAD-FREE NJ

Lead-Free NJ is an inclusive collaborative created to ensure that New Jersey’s children are free from lead poisoning and that our environment is lead-safe by advocating for state and local policy changes. The collaborative’s work is driven by the voices and needs of community members living in lead-impacted areas. The collaborative seeks to eliminate racial and economic inequities by focusing on legacy lead hazards in low-income communities and/or communities of color while also creating the conditions for children to be free from lead poisoning statewide.

Membership is free. See <https://www.leadfreenj.org/>

For more information, please email info@leadfreenj.org or call 609-393-0008 ext. 1016

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