

KINDERGARTEN ROUND-UP 2024

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

Dear Parent or Guardian:

For the health and well-being of your child, California law requires that all children entering kindergarten, or first grade have a health checkup. The law allows for the checkup to be completed up to 18 months prior to entry into first grade or within 90 days thereafter. This is to ensure that they are healthy, ready to learn and immunized against communicable diseases.

The attached “**Report of Health Examination for School Entry**” form must be completed by your child’s physician and returned to your child’s school as verification of the health checkup.

Many children are eligible to receive this checkup at no cost. For more information or to see if your child qualifies for a free CHDP examination, call a CHDP Provider on the attached list.

All children on Medi-Cal and children of most low to moderate income families can receive a free examination by a CHDP Provider.

To schedule a CHDP exam, see attached Nevada County CHDP list of providers that can offer free CHDP exams and immunizations to those who qualify.

HEALTH CHECK-UP

A complete well-child exam includes the following:

Physical Exam
Dental Screening
Vision and Hearing Screenings
Urine and Blood Tests
Updating Your Child's Immunizations
Discussing Your Child's Development and Nutrition



A FREE CHDP exam can also be the “Gateway” to Medi-Cal. A free CHDP exam is the perfect way to access continuing medical coverage for your child.

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
NEVADA COUNTY PUBLIC HEALTH DEPARTMENT

500 Crown Point Circle, Suite 110, Grass Valley, CA 95945 (530) 470-2742

NEVADA COUNTY CHDP PROVIDER LIST 2024

Grass Valley/Nevada City/Truckee



Sierra Family Medical North San Juan/Nevada City

(530) 292-3478 Fax (530) 292-4296

15301 Tyler Foote Road Nevada City, CA 95959

Van Houten, Peter D MD Scarmon, George MD
LaFevers, Laura FNP Herman, Laura FNP

Mathias, Susan PA Alderice, Lauren FNP

Nielsen, Amy FNP

Western Sierra Medical Clinic Grass Valley

(530) 274-9762 Fax (866) 329-5646

844 Old Tunnel Rd. Grass Valley, CA 95945

Family Medicine, Pediatrics:

Curtis Michael MD Harris, Peter MD
Woerner, Sarah MD Britton, Joseph MD

Rittenhouse, Sara NP Petros, Diana NP
Conley, Polly PNP Shapiro, Susan MD
McIntyre, Sharon MD Scannell, Lynne MD

CHDP provides.....

Medical and Dental Health Check-ups

Diagnosis and treatment can be paid for from birth to 21 for children eligible for Medi-Cal and to age 19 for income qualified families

www.dhcs.ca.gov/services/chdp



Tahoe Forest Multi-Specialty Clinic-Pediatrics

Truckee (530) 587-3523 Fax: (530) 582-6192

10956 Donner Pass Rd. Suite 130

Truckee, CA. 96161

Arth, Chris MD

Uglum, Else MD

Vayner, Oleg MD

Koppinger, Lindsay MD

Lang-Ree, Jennifer PNP

Wicks, Chelsea MD

Fiamengo, Alida DO

Inouye, Meggie PNP



Accepts New Medi-Cal Se Habla Espanol

Nevada County Public Health Department Child Health & Disability Prevention Program

500 Crown Point Circle Ste 110

Grass Valley, CA 95945

(530) 265-1450

Updated 1/2024



Dentists Serving Nevada County

Establishing a Dental Home for your Child is Important

Children who develop a familiar relationship with their dentist are less likely to experience dental anxiety and more likely to visit the dentist regularly into adulthood. It also gives the dentist consistent opportunities to provide preventive treatment and find small issues before they become problematic. The following is a list of dentists within our community currently working with children. This is NOT a complete list and does not represent a recommendation from Nevada County Public Health.

Parents/Guardians can also visit [SmileCalifornia.org](https://www.smilecalifornia.org) to find a dental home for their child.

Nevada County Pediatric Dentists

Lindsey Robinson, DDS
453 S Auburn Street
Grass Valley, CA 95945
530-272-5522

Caring Tree Children's Dentistry
1061 E Main St, Ste 101
Grass Valley, CA 95945
530-272-9026

Mark Hagele, DDS
101 Providence Mine Rd
Grass Valley, CA 95945
530-265-6656
oral surgeon by referral only

Nevada County Medi-Cal Dentists

Western Sierra Medical Center
1345 Whispering Pines LN
Grass, Valley, CA 95945
530-274-9762

Chapa De Indian Health
1061 E Main St
Grass Valley, CA 95945
530-477-8545
and
1350 E Main Street
Grass Valley, CA 95945

Sierra Family Medical Clinic
15301 Tyler Foote RD
Nevada City, CA 95959
530-292-3478

Family Dentists Serving Nevada County

Wendell Clove, DDS
152 Catherine Lane
Grass Valley CA 95945
(530) 273-9111

Sean Rockwell, DDS
280 Sierra College Drive, Suite 240
Grass Valley CA 95945
(530) 477-5060

Justin Pfaffinger, DDS
216 S Pine Street
Nevada City CA 95959
(530) 265-5815

Stacy Fore, DDS
463 Sutton Way
Grass Valley CA 95945
(530) 273-1470

Keith Sheppard, DDS
1350 E Main Street
Grass Valley CA 95945
(530) 432-1543

Gregory Moulton, DDS
148 Catherine Lane
Grass Valley CA 95945
(530) 273-8130

Parker White, DDS
563 Brunswick Road, Suite 3
Grass Valley, CA 95945
(530) 272-9017

Richard Preece, DDS
152 Catherine Lane
Grass Valley CA 95945
(530) 273-9111

Matthew Woods, DMD
105 Providence Mine Road, Suite 103
Nevada City CA 95959
(530) 265-3740



[www.SmileNevadaCounty.com](https://www.smilenevadacounty.com)

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

What is a Child's Dental Home?

It is a place to take your child for regular dental visits.

Why Does Your Child Need a Dental Home?

- ♦ To help build a lifetime of healthy dental habits and good oral health.
- ♦ To find dental problems early before they hurt.
- ♦ To have a place where the dental staff knows your child's special needs and has a record of care.
- ♦ To receive sealants, fluoride, and tips to prevent tooth decay.
- ♦ To know where to call when there's a dental emergency.

When Should You Find a Dental Home for Your Child?

By the 1st birthday is best, but it's never too early or too late to find a dental home.

Every Child Needs a Dental Home
Todos los Niños Necesitan un
Hogar Dental



For help finding a dental home, go to
[https://www.smilenevadacounty.com/
find-care](https://www.smilenevadacounty.com/find-care)



NEVADA
COUNTY
CALIFORNIA

Public
Health

¿Qué es un Hogar Dental Para su Niño(a)?

Es un lugar donde puede llevar a sus niño(a) regularmente a sus visitas dentales.

¿Por qué su Niño(a) Necesita un Hogar Dental?

- ♦ Para desarrollar hábitos dentales saludables y buena salud oral de por vida.
- ♦ Para detectar a tiempo problemas dentales antes de que causen dolor
- ♦ Para tener un lugar donde el personal dental conozca a su niño(a) y tenga su historial de los cuidados recibidos.
- ♦ Para recibir sellantes, fluoruro, y consejos para prevenir caries en los dientes.
- ♦ Para saber adónde llamar en caso de una emergencia dental.

¿Cuándo Debería Encontrar un Hogar Dental para su Niño(a)?

Sería ideal para su primer año de vida, pero nunca es muy temprano o muy tarde para encontrarle un hogar dental.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:		ZIP Code: 	
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Race/Ethnicity:	<div><input type="checkbox"/> White</div> <div><input type="checkbox"/> Black/African American</div> <div><input type="checkbox"/> Hispanic/Latino</div> <div><input type="checkbox"/> Asian</div> <div><input type="checkbox"/> Other (please specify)</div> <div><input type="checkbox"/> Native American</div> <div><input type="checkbox"/> Multi-racial</div> <div><input type="checkbox"/> Native Hawaiian/Pacific Islander</div> <div><input type="checkbox"/> Unknown</div>		

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Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date: MM – DD – YYYY	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency:		
<input type="checkbox"/> No obvious problem found	<input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)	<input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ Licensed Dental Professional Signature	_____ CA License Number	MM – DD – YYYY _____ Date

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
Check "No" for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="checkbox"/> I don't know

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31st of your child's first school year.

Original to be kept in child's school record.

Waiver of Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child the oral health assessment requirement.
Sign and return this form to the school where it will be kept confidential.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY										
Address:			Apt.:										
City:		ZIP code: 											
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y										
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: Male Female										
Child's Race/Ethnicity:	<table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Multi-racial</td></tr><tr><td><input type="checkbox"/> Hispanic/Latino</td><td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> Other (please specify)</td><td></td></tr></table>			<input type="checkbox"/> White	<input type="checkbox"/> Native American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> White	<input type="checkbox"/> Native American												
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial												
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander												
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown												
<input type="checkbox"/> Other (please specify)													

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Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

Please excuse my child from the assessment because (check the box that best describes the reason):

☐

I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:

☐

Medi-Cal

Covered California

☐

Healthy Kids

☐

None

☐

Other: _____

☐

I cannot afford an assessment for my child.

☐

I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).

☐

I cannot get to a dentist easily (e.g., do not have transportation, located too far away).

☐

I do not believe my child would benefit from an assessment.

☐

Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child):

If asking to be excused from this requirement:



MM – DD – YYYY

Signature of parent or guardian

Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31 of your child's first school year.

Original to be kept in child's school record.



NEVADA
COUNTY
CALIFORNIA

Public
Health

Nevada County Oral Health Program

500 Crown Point Cir, Ste 110

Grass Valley, CA 95959

Phone: 530-802-3194

Funded by CDPH Contract #17-10710

School-Based Oral Health Program for Nevada County Schools

To be filled out by Parent/Guardian in ink.

Child's First Name:	Last Name:	MI:	Child's birth date: MM / DD / YYYY
Mailing Address:			Zip:
School Name:	Teacher:	Grade:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Year child starts/ed Kindergarten (if under 1 st grade): YYYY or N/A
Day Phone:	E-mail:		

☐ **I want my child to have an oral health screening and fluoride varnish up to twice per year.**

or ☐ **I want my child to receive oral health screenings only.**

Child's Regular Dentist _____, or if **no regular dentist**, check here ☐

NO PAYMENT IS REQUIRED for this service. For program information purposes, please check your current insurance. Medi-Cal may be billed to help cover the cost of this program. To opt out of Medi-Cal billing, check here ☐

☐ **Medi-Cal: Child's Medi-Cal Number** _____

☐ **Other Insurance/Describe** _____ ☐ Self-Paid or ☐ Employer Paid

☐ **No Dental Insurance**

☐ **Photograph Release:** I grant permission to the Nevada County Public Health, Oral Health Program to use my child's photograph in any official outreach publications and displays without compensation to my child or me.

I give permission for my child to receive basic dental services at school through Nevada County Oral Health Program and its affiliates, and that it does not take place of a complete evaluation in a dental office. I understand that receiving this dental screening does not establish any new, ongoing, or continuing doctor-patient relationship. I understand that Nevada County Public Health is HIPPA compliant, and all records are kept confidential. I authorize the gathering and sharing of information between Nevada County Public Health Oral Health Program, its affiliates, school personnel, my child's dentist, and insurance. I have read and understand this form and also understand that this permission may include follow up visits during this school year.

Parent/Guardian: _____
(Print Name) (Signature) (Date)

Start your child's day off right—with brushing every morning

NEVADA COUNTY PUBLIC HEALTH DEPARTMENT

(530) 265-7049

2024 Immunization Clinics

- *Child must be accompanied by an adult*
- *Must bring child's immunization records with you*
- *For your protection and ours we require that you
Must wear a mask*

Childhood Immunizations Ages 0 through 18
GRASS VALLEY

Nevada County Public Health Department
500 Crown Point Circle, Grass Valley
2nd & 4th Thursdays, 1:00 - 4:00 PM (except Holidays)
BY APPOINTMENT ONLY!

Adult Immunizations Ages 19 and over
GRASS VALLEY

Nevada County Public Health Department
500 Crown Point Circle, Grass Valley
3rd Thursday monthly, 1:00 - 4:00 PM (except Holidays)
BY APPOINTMENT ONLY!

NORTH SAN JUAN Vaccines for ALL AGES!

San Juan Ridge Family Resource Center
18847 Oak Tree Road, North San Juan
10:00 AM - 12:00 Noon, on the following Tuesdays
July 9, 2024 & October 8, 2024

TOWN OF WASHINGTON Vaccines for ALL AGES!

Washington Fire Station
15406 Washington Rd, Washington
12:00 - 2:00 PM, on the following Wednesdays
July 17, 2024 & October 16, 2024

NEVADA COUNTY PUBLIC HEALTH DEPARTMENT

TRUCKEE (530) 582-7814

2024 Immunization Clinics

- * Child must be accompanied by an adult*
- * Must bring child's immunization records with you*
- * For your protection and ours we require that you
Must wear a mask*

TRUCKEE

Nevada County Public Health Department
10075 Levon Avenue, Suite 202, Truckee
10:00 AM - 3:00 PM
Times may change as weather permits
1st & 3rd Mondays monthly
(except Holidays)
BY APPOINTMENT ONLY!

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

Students Entering Transitional Kindergarten or Kindergarten Need:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
4 doses OK if one was given on or after 4th birthday;
3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
3 doses OK if one was given on or after 4th birthday.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need:

- ☐ **All immunizations listed above**
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](https://bit.ly/CDCVaccinesByAge) (bit.ly/CDCVaccinesByAge) and [where you can get your child immunized](https://bit.ly/Where2BVaxed) (bit.ly/Where2BVaxed).

IS YOUR CHILD AT RISK FOR LEAD POISONING?

CHECK FOR LEAD IN AND AROUND YOUR HOME:



- **Paint:** Move your child's things away from and safely repair chipping paint.
- **House Dust:** Wet wipe or mop surfaces to remove dust and dirt. Do not let your child chew on windowsills or other surfaces.
- **Bare Dirt:** Cover bare dirt outside where your child plays.
- **Vinyl Mini-Blinds:** Replace old vinyl mini-blinds and do not let your child chew on them.



- **Plumbing Materials:** Tap water is more likely to have lead if plumbing materials, including solder or service lines, contain lead. Reduce potential exposure to lead in tap water by running water until it feels cold and only drawing from the cold tap for cooking, drinking, or baby formula (if used).
- **Water From Wells:** The only way to know if your water has lead is to have it tested.

Learn more about water testing: www.epa.gov/lead/protect-your-family-exposures-lead#testdw



- **Dishes, Pots, & Water Crocks:** Avoid using dishes, pots, and water crocks that are worn or antique, from a discount or flea market, made of crystal, handmade, or made outside the USA unless they have been tested and don't have lead.



- **Food & Spices:** Avoid imported foods and brightly colored spices that might have lead in them, like chapulines and turmeric.
- **Candies:** Avoid recalled candies: www.cdph.ca.gov/data/Documents/fdbLiCLiC07.pdf



- **Traditional Make-Up & Traditional Remedies:** These products often have lead in them: surma, azarcon, greta, pay-loo-ah. Talk to your doctor before using these or other traditional make-up or remedies (e.g., brightly colored powders, traditional Chinese or Ayurvedic remedies).



- **Toys:** Check toys for peeling paint and wash them often. Old or vinyl toys are more likely to have lead. Avoid recalled toys: www.cpsc.gov
- **Jewelry:** Do not let your child suck on or play with jewelry. Learn more: www.dtsc.ca.gov/Toxic-Jewelry-Samples.cfm



- **Lead Fishing Sinkers & Lead Bullets:** Do not let your child touch lead fishing sinkers or lead bullets or casings.
- **Lead Solder:** Keep your child away from activities that use lead solder, like welding, or stained glass or jewelry making.



- **Take-Home Lead:** Avoid taking lead home from work or hobbies. If you work with lead, change out of work clothes and shoes and wash up before getting in your car or going home.
- **Home Repair/Improvement Projects:** Do not scrape or sand paint on your home unless you know your paint does not have lead in it.

For more information, go to
www.cdph.ca.gov/programs/clppb, or call your
local Childhood Lead Poisoning Prevention Program:



Chie Newsom, PHN - CLPPP Coordinator
Nevada County Department of Public Health
Childhood Lead Poisoning Prevention Program

T: 530-470-2502

F: 530-271-0894

Chie.Newsom@nevadacountyca.gov

Does Your Child Need A Blood Lead Test?

YES! If your child receives services from Medi-Cal, WIC, the CHDP program or CalWorks

YES! If your child has lived in or spent a lot of time at a home, child care facility or other building built before 1950

YES! If your child has lived in or spent a lot of time at a home built before 1978 with recent or ongoing repair, remodeling or damage (such as water and/or chipping and peeling paint)

YES! If your child has moved from another country or other high risk place (such as an older home) within the last 12 months

YES! If your child has a sibling or playmate with an elevated blood lead level

YES! If you or other frequent caregivers work with lead

YES! If anyone in your home uses traditional, folk, or ethnic medicines or make-up

YES! If anyone in your home eats food or candy brought from another country by family members or friends

If Your Child Needs a Blood Lead Test, When Should It Be Done?

- ✓ At your child's 12 and 24 months well-child exams
- ✓ Any time if your child is under 6 years old and has never been tested
- ✓ Any time you or your child's doctor thinks your child is at risk

For help in finding a CHDP Provider that can provide LEAD TESTING during your child's well-child exam please call the Nevada County CHDP Program at (530)265-1460.

Together We Can Keep Kids LEAD Safe!