



Bell Hill Academy



Required registration items:

Completed registration packet with copies of the following

- ☐ Your child's birth certificate (county copy, not hospital)
- ☐ Your child's immunization records (the doctor's printout, not the yellow card)
- ☐ Proof of your residency (see the Declaration of Residency form for the types of verification required)
- ☐ Any legal documents (if applicable, i.e., court, restraining orders, etc.)
- ☐ Oral Health exam (must be submitted to the office before the start of classes)
- ☐ Physical health exam (must be submitted to the office before the start of classes)

Please print clearly and legibly.



GRASS VALLEY
SCHOOL DISTRICT
Inspiring success in every child!

School Year: _____

DI Program Yes ☐ No ☐

Student's Legal Name: _____
Legal Last

Cum Requested: _____
Cum Received: _____
DOB Verification: _____
Immunizations: _____
Health Card: _____
Vehicle Form: _____

-For Office Use Only-

Enrollment Date _____ Exit Date _____
Bus # _____ AM / PM ID# _____
School: _____
Grade _____ Room # _____ Teacher _____

(Charter School)

Approved: _____
Denied: _____
Date: _____

(Mobility)

School: _____
District: _____

First (Nickname) Middle Other Last Name Used

E-mail Address: _____

Mailing Address: _____
Street, Apt. # or P.O. Box City Zip

Residence Address: _____
(If different from above) Street, Apt. # or P.O. Box City Zip

Duplicate Mailing? Yes ☐ No ☐ Name: _____ Address: _____

Birthdate: _____ Grade: _____

Birth Place: City _____ State _____

☐ Male ☐ Female

School District of Residence: _____

Phone: _____
Home _____ Cell _____

Parent/Guardian (Full Name)	Name of Employer	Occupation	Work Phone	Work / Home E-mail Address	Living With
Parent:					☐ Yes ☐ No
Parent:					☐ Yes ☐ No
Step Parent:					☐ Yes ☐ No
Or Guardian:					☐ Yes ☐ No
*Legal Restrictions are: _____ Foster Child ☐ Yes ☐ No					* Court Order on File at School ☐ Yes ☐ No * A Current Signed Court Order Must Be Provided
MILITARY CONNECTED FAMILY: In an effort to provide resources and support to military connected students and their families, please respond to the following:		Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): Yes ☐ No ☐ Relationship to Student: _____			
		Currently Deployed: Yes ☐ No ☐ Military Branch: _____ Status: ☐ Active Duty ☐ Guard ☐ Reserve ☐ Veteran ☐ Deceased ☐			
Are any members of your immediate household required to register as a sex offender? If so, who? _____					☐ Yes ☐ No

If the school cannot contact you in an emergency, please name a *local* sitter, friend, relative or neighbor who may be called if your child is ill or injured. Your child will be released only to those people.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____

My child takes the following Medication: _____

Describe any health conditions, restrictions, or medical treatment (food allergies, other) the school should be aware of: _____

I certify, under penalty of law, that the above Residence Address is my primary residence.

Signature of Parent/Guardian: _____

2/22 kb

I certify that I have read and understand this form and do hereby give my authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct.

☐ Yes ☐ No

I understand the school may call an ambulance and/or seek medical treatment for my child, at my expense, in an emergency or if parent emergency contacts are not available.

☐ Yes ☐ No

I understand the school does not provide medical or accident insurance for individual students. I also understand that school insurance is available at parent expense.

☐ Yes ☐ No

Date: _____

Student's Legal Name: _____

Name of Siblings (Full Name)	Living In Home		Brother	Sister	Year born	School Currently Attending	Adults other than Parents living in the home	Relationship to Student
	Yes	No						

Name of Last School Attended: _____

Address: _____

Has your child ever attended school in the Grass Valley School District? ☐ Yes ☐ NoHas student ever been expelled from a school? ☐ Yes ☐ NoIf Yes, what school? ☐ Bell Hill ☐ Scotten ☐ Lyman Gilmore ☐ GV Charter ☐ Preschool

If Yes, please provide School and Date of Expulsion: _____

Is your child currently enrolled in:

Gifted & Talented ☐ Yes ☐ No

(GATE)

Title I ☐ Yes ☐ No504 Plan ☐ Yes ☐ NoHas your child ever received any of the above services? ☐ Yes ☐ No

If yes, which services? _____

Does your child have an Active IEP?

Speech Program ☐ Yes ☐ NoResource Program (RSP) ☐ Yes ☐ NoSpecial Day Class (SDC) ☐ Yes ☐ No

Home Language Survey: (Ed Code 62002)

Which language did your child learn when he/she first began to talk? _____

Which language does your child most frequently use at home? _____

Which language do you most frequently speak to your child? _____

Which language is most often spoken by the adults in the home? _____

Standardized Testing Information:

Ethnicity: Hispanic or Latino ☐ Yes ☐ No

Race: Check students' primary race:

- | | |
|---|---|
| ☐ American Indian/Alaskan Native | ☐ Japanese |
| ☐ Asian Indian | ☐ Laotian |
| ☐ Black / African American | ☐ Other Asian |
| ☐ Cambodian | ☐ Other Pacific Islander |
| ☐ Chinese | ☐ Samoan |
| ☐ Filipino | ☐ Tahitian |
| ☐ Guamanian | ☐ Vietnamese |
| ☐ Hawaiian | ☐ White (not of Hispanic origin) |

Parent Education Level

Check the box that describes the Education Level of child's most educated parent.

- ☐ Not a high school graduate
- ☐ High school graduate
- ☐ Some College
- ☐ College Graduate
- ☐ Graduate school/post graduate
- ☐ Decline to state or unknown

For Office Use Only

Mobility

Circle the grade from which this student has been continuously enrolled in the school and district

School PS TK K 1 2 3 4 5 6 7 8

District PS TK K 1 2 3 4 5 6 7 8

Permission for Pick-up

Person who will most often pick up my student: _____

Other people who have permission to pick-up my student: _____

Walking____ Pick-up____ PM Bus____
After School Program____

I will notify the teacher if the pick up arrangement for my child should change.

I grant permission for my child to attend school sponsored off-campus field and study trips. Permission slips and information will be sent home prior to each event. ☐ Yes ☐ No



GRASS VALLEY

SCHOOL DISTRICT

inspiring students to reach every child

Andrew Withers, Superintendent

DECLARATION OF RESIDENCE

RR 5111 (a)

To assure each school attendance area serves its area residents, the Grass Valley School District needs a verification of each student's home address.

I declare as follows:

I understand that I am required by California state law to send any person between the ages of 6 and 16 for whom I am parent or legal guardian to a full time day or continuation school or classes.

Requests for student placement in the district where their parent/guardian works are done so on a space availability basis only.

In light of these facts, I state that:

I am the parent or legal guardian of _____ (student's name(s)).

I am a resident of the Grass Valley School District Yes_____ No_____

My residence physical address is: _____

I declare under penalty of perjury that the foregoing information is true and correct.

Executed this _____ day of _____, 20____.

Signature

Relationship To Student(s)

I declare under penalty of perjury that the student(s) listed above is living with me in my household at the above stated address.

The student(s) has lived in my house since _____ (date). I anticipate they will remain in my household until _____ (date).

Signature

Date

Relationship To Student(s)

RESIDENCY VERIFICATION – As evidence of residency a minimum of three documents will be required: One (1) document from Category 1 and two (2) documents from Category 2.

Category 1: *Current Property tax payment receipt with imprinted parent/guardian name and address.

*Rent/Lease Agreement with grant deed or current property tax bill – Rent/Lease

Agreement should include, parent/guardian name, indication of number of children residing there, manager or owner's name and phone number.

Category 2: *Current State or Federal Tax Return with imprinted parent/guardian name and address.

*Voter registration.

*Correspondence from a government agency.

*Payroll stub with imprinted name and address of parent/guardian.

*Original utility bill within the last 30 days with name and address of parent/guardian.

GRASS VALLEY SCHOOL DISTRICT

Student's Name: _____ **Birthdate:** _____ **Boy/Girl:** _____ **Grade:** _____

<u>MEDICAL HISTORY</u>	Yes	No		<u>MEDICAL HISTORY</u>	Yes	No
Asthma				Frequent Colds		
☐ Allergy: Food				Frequent Dizziness/Fainting Spells		
☐ Allergy: Other				Frequent Headaches		
☐ Bee Sting Allergy (severe)				Frequent Pneumonia		
Chicken Pox				Frequent Nose Bleeds		
☐ Daily Medication				Frequent Strep Throat		
Diabetes				Heart Disease		
Ear Problem: Tubes-Right ☐ Tubes-Left ☐				Hepatitis		
Epilepsy/Convulsions				Tonsils/Adenoids removed		
Eye Problems: Glasses ☐ Contact Lenses ☐				Tuberculosis		
Frequent Bladder/Kidney Problems				Other:		

☐ If yes please complete information below:

Food Allergies: What foods are your child allergic to: _____

Other allergies: _____

How does this allergy show? _____

Is emergency medication required for this allergy? If so, what? _____

Is your child allergic to bee stings? Does your child require a bee sting kit? ☐ Yes ☐ No

Does your child take any medication on a regular basis: If so, what? _____

Has your child been hospitalized or treated for a serious illness or accident? ☐ Yes ☐ No

If so, when, where, what? _____

Grass Valley School District Child's Early History

Child's Name: _____ Date: _____

It is always helpful to us to know your child's history during his or her early years. To this purpose, we ask that you complete the form below.

1. How long was the pregnancy? _____
Birth weight? _____
2. Was medication taken during pregnancy? ☐ Yes ☐ No
If so, what medication?

3. Was there any illness, surgery, bleeding, or high blood pressure,
During pregnancy? ☐ Yes ☐ No
If yes, please explain:

4. Delivery was:
☐ easy ☐ average ☐ difficult
☐ Cesarean section . . . emergency ☐ or planned ☐
Length of labor _____
5. Baby's condition at birth?
☐ jaundiced ☐ normal ☐ cyanotic (blue)
6. Did the baby need any unusual help to start breathing?
☐ Yes ☐ No
7. Describe any problems the baby had during the first months of

Form completed by: _____
(please print name)

8. Has your child experienced any of the following?
Please check appropriate box(es).
☐ Parents' divorce year _____
☐ Parents' separation year _____
☐ New adult in the home year _____

☐ New sibling in the home year _____
☐ Death of close family member year _____

☐ A traumatic experience (explain below) year _____

9. What effect has any of the above had on your child?

10. Does your child have a physical or emotional condition of which
the teacher should be made aware?

11. Do you feel that your child may be young in some ways?
☐ Yes ☐ No
12. Please provide any additional information that you feel may
assist us in making your child's adjustment to school as smooth
as possible. _____

Relationship to child: _____

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.



School-Based Oral Health Program for Nevada County Schools

To be filled out by Parent/Guardian if you would like your child to participate. This form also gives permission for your child to receive a Kindergarten Oral Health Assessment at the school site, if you do not currently have one from a dental professional.

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

☐ Please provide a dental screening for my child along with recommendations for preventive services including cleanings, fluoride varnish, and sealants. This screening is free of charge and is being conducted by the Nevada County Public Health Oral Health Program to help prevent tooth decay among school-aged children.

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

NO PAYMENT IS REQUIRED for this service.

Please indicate the following:

☐ **Medi-Cal:** Children with Medi-Cal may have the option to receive preventive services at the school site.

☐ **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)

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) ☐ Yes ☐ No	*Caries Experience (Visible decay and/or fillings present) ☐ Yes ☐ No
Treatment Urgency: ☐ No obvious problem found ☐ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) ☐ Urgent care needed (pain, infection, swelling or soft tissue lesions)		
MM – DD – YYYY Licensed Dental Professional Signature CA License Number 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? ☐ Yes ☐ No (If no, entity responsible for follow-up will be encouraged to check back in with parent) ☐ 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.

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 Records of:

- ☐ **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. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **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 Records of:

- ☐ **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 Records of:

- ☐ **Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose**

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](#) and [where to get immunized](#) at [GetImmunizedCA.org](https://getimmunizedca.org).

Children's Presumptive Eligibility

Need Temporary Coverage for Your Child Right Away?



Medi-Cal

Children's Presumptive Eligibility (CPE) is temporary coverage approved during a doctor's visit for services your child needs right away.

Only certain providers can check if your child qualifies for short-term, full-scope Medi-Cal coverage through CPE. If approved, your child's visit can be covered while you apply for ongoing health coverage.

Take Action! Your child's CPE coverage is temporary, and you will need to apply for ongoing health coverage!

Where Can I Find a Provider Who Participates in CPE?

Visit our website and check the "CPE Approved Qualified Providers List" to find a provider who participates today!



Scan the QR code or visit
bit.ly/ChildrensPresumptiveEligibility



Apply or update your application on Covered California.

To apply for ongoing coverage:

Go to <https://www.coveredca.com/>

Call Covered California at (800) 300-1506 (TTY: (888) 889-4500)

What is a Child's Dental Home?

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

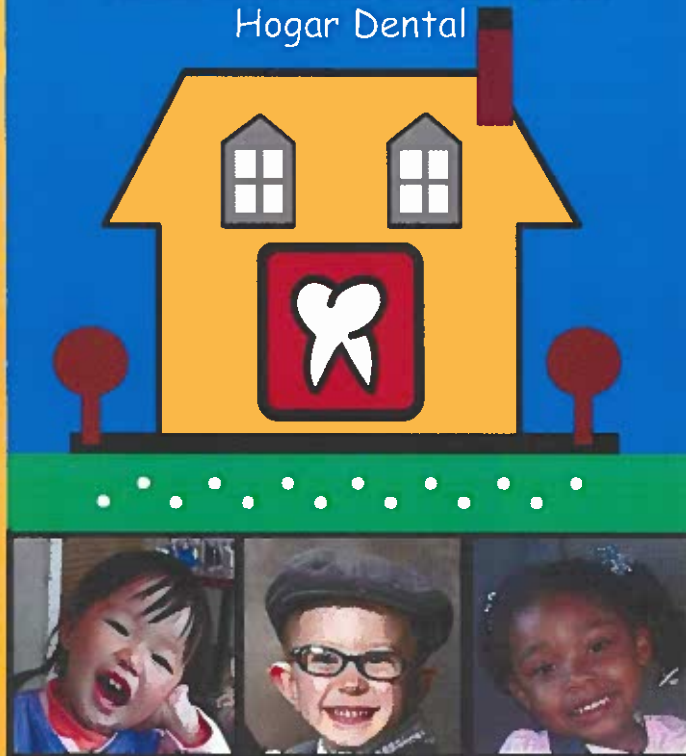
Why Does Your Child Need a Dental Home?

- ◆ 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.

Medi-Cal Has Dental Covered

Regular dental check-ups are important for your overall health. Medi-Cal covers dental services for **FREE** for all ages. See the chart below for details on covered services.

SERVICES	BABIES	KIDS	TEENS	PREGNANCY	ADULTS & SENIORS
Exams*, x-rays, teeth cleaning, and fluoride varnish	✓	✓	✓	✓	✓
Fillings and tooth removal	✓	✓	✓	✓	✓
Emergency services	✓	✓	✓	✓	✓
Sedation	✓	✓	✓		✓
Molar sealants**		✓	✓		
Root canals		✓	✓	✓	✓
Orthodontics (braces)***			✓		
Crowns			✓	✓	✓
Partial and full dentures and denture relines			✓	✓	✓
Scaling and root planing			✓	✓	✓

*Free check-ups every six months, and sometimes more, for members under the age of 21 and every 12 months for members 21 and older.

**Permanent molar sealants are covered for kids and teens up to age 21.

***For those who qualify.

Babies

Take your child to the dentist by their first tooth or first birthday. Baby teeth are key for eating, talking, and smiling.

Kids

Around age five, children start losing baby teeth. Ask your dentist about molar sealants, covered by Medi-Cal, to prevent cavities.

Teens

Sugary foods increase the risk of gum disease and cavities in teens. Regular dental check-ups keep their smiles healthy.

Pregnancy

Dental care is safe and recommended during pregnancy. Medi-Cal covers dental visits during pregnancy and 12 months postpartum.

Adults and Seniors

Regular dental visits keep your teeth strong and reduce the risk of gum disease. Medi-Cal covers full dental care for adults 21 and older.

Caregivers

Help your loved one maintain good oral health through daily care and regular dental visits. Don't forget to care for your own smile too!



Medi-Cal Dental



Scan the QR code or visit [SmileCalifornia.org](https://www.smilecalifornia.org) to learn about your free dental services and find a Medi-Cal dentist today. Or call **1-800-322-6384** for help.

REV 11-2024

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/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/LeadInCandy.aspx



- **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: <https://dtsc.ca.gov/toxics-in-products/lead-in-jewelry/>



- **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 contact:



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

T: 530-470-2502

F: 530-271-0836

Chie.Newsom@nevadacounty.gov

www.nevadacountyca.gov/lead

Testing Your Child for Lead in Nevada County

Lead poisoning can make it hard for your child to learn, pay attention, or behave and may cause long-term health problems. Children may not look or act sick, so having your child tested for lead is the only way to know if your child has lead poisoning.

LEAD IS ALL AROUND US

- Lead can be: In the *paint* inside and outside of older homes.
- In the *dirt* in your yard, especially if you live near a busy road or an airport.
- In *household items* like dishes, pottery, jewelry, and spices.
- *Work and hobbies* like construction, painting, hunting & shooting ranges, fishing, and making stained glass.



GETTING A BLOOD LEAD TEST IS VERY IMPORTANT

A blood lead test is required at one and two years old if your child:

- Is in a program such as Medi-Cal, WIC, or Head Start.
- Lives in or spends a lot of time in a place built before 1978 that has peeling or chipped paint or that has been recently remodeled.

If these do not apply, ask your child's doctor about their risk of lead exposure.

A blood lead test is free for children enrolled in the programs listed above, and health insurance companies will also pay for the test.

To find out about Medi-Cal and other health insurance options contact:

- Medi-Cal
- Covered California | 800.300.1506
- Nevada County Social Services | 530.265.1340

Your health care provider may be able to test your child in the clinic or will tell you which labs you can go to for the test. Please contact your provider about ordering a blood lead test.

In Nevada County no cost and low-cost options¹ may be available at some clinics and health centers in your community, including:

- **Chapa-De Indian Health** | 1350 East Main Street, Grass Valley, CA 95945 | 530.477.8545 | Monday - Friday 8am - 5pm
- **Sierra Care Physicians** | 140 Litton Drive, Suite 100, Grass Valley, CA 95945 | 530.272.9780 | Monday - Friday 8am - 5pm
- **Tahoe Forest Hospital MultiSpecialty Clinic, Pediatrics** | 10956 Donner Pass Road, Ste 310, Truckee, CA 96161 | 530.587.3523 | Monday - Friday 8am - 5pm, Saturday 9am - 5pm
- **Western Sierra Medical Clinic** | 844 Old Tunnel Road, Grass Valley, CA 95945 | 530.274.9762 | Monday - Friday 8am - 5pm



WHAT HAPPENS AFTER MY CHILD GETS TESTED?

- Talk to your doctor about the test. Depending on the result, your child's doctor may order additional tests. Follow-up blood lead tests must be venous.
- If there is too much lead in your child's blood, the local health department will contact you **to help get your child healthy**. A nurse or another lead professional may visit your home **to find where the lead is**.
- These services are **free of charge**.



For more information contact:
Nevada County Childhood Lead Poisoning
Prevention Program | 530.470.2502
or visit
www.nccldpp.com

¹ The mention of these clinics does not imply endorsement of their services by CDPH. There may be other clinics that offer such services.



NEVADA
COUNTY
CALIFORNIA

Public
Health



Getting Your Child Tested For Lead



LEAD IS HARMFUL

Lead poisoning can make it hard for your child to learn, pay attention, or behave and may cause long-term health problems. Children may not look or act sick. Having your child tested for lead is the only way to know if there is lead in your child's body.

WHEN YOUR CHILD SHOULD BE TESTED FOR LEAD

A blood lead test is **required at one and two years old** if your child:

- Is in a program such as **Medi-Cal, WIC¹, or Head Start.**
- Lives in or spends a lot of time in a place built before 1978 that has peeling or chipped paint or that has been recently remodeled.

If these do not apply, ask your child's doctor about their risk of lead exposure. A blood lead test for lead is free for children enrolled in the programs listed above, and health insurance companies will also pay for the test.

CHILDREN ARE AT A HIGHER RISK FOR LEAD EXPOSURE IF THEY:

- **Live** in a house or building built before 1978 or near a source of lead air emissions such as highways, industrial sites, general aviation airports, recycling sites.
- **Consume or come in contact with** certain foods, spices, traditional remedies, dishware or other products.
- **Spend time** outside the U.S.
- **Have a sibling with** an elevated blood lead level.
- **Have a family member who works with lead** such as construction or painting or has hobbies that involve lead such as stained glass, fishing, pottery, firearms, antiques.

For a list of lead sources, ask your doctor or visit: www.cdph.ca.gov/programs/clppb

¹WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children

WHAT TO EXPECT: BLOOD LEAD TESTING FOR YOUR CHILD



1 The test may be done at your child's doctor's office or at a laboratory.

2 There are two methods of collecting blood for lead testing: capillary or venous. Capillary tests typically use blood taken from your child's finger. Venous tests use blood from a vein in your child's arm.

3 Depending on the result, your child's doctor may order additional tests. Follow-up blood lead tests must be venous.

For more information visit:
www.cdph.ca.gov/programs/clppb
or contact your local Childhood Lead Poisoning Prevention Program:



Claim your child's free college savings account!

What you need to know ...

Created by the State of California, CalKIDS provides **up to \$1,500** in free money for eligible school-aged children to help kickstart their savings for future college and career training expenses.*

Your child may already have an account established in their name. Claiming your child's college savings account is quick and easy! Visit **CalKIDS.org** and have the information listed below handy.



What you'll need to claim your account:

- ☒ **Statewide Student Identifier (SSID)**—contact your school for assistance
- ☒ Student's **date of birth**
- ☒ The **county** where the student was enrolled on the applicable Fall Academic Census Day

Fall Academic Census Day is a day within the Academic Year on which an official count is taken. The Fall Census Day is the first Wednesday in October. Students identified in 1st – 12th grade in 2021-22 should use the county as of their school attendance on October 6, 2021. Students identified in 1st grade in subsequent years should use the county as of the applicable Fall Academic Census Day.



Claim your account today!



CalKIDS
The first step toward college

*Student eligibility is defined by the Local Control Funding Formula. The ScholarShare Investment Board has received your information from the California Department of Education as an eligible participant of the program. The California Kids Investment and Development Savings Program (CalKIDS) is a children's savings account program, administered by the ScholarShare Investment Board, an agency of the state of California. CalKIDS will provide eligible participants with college savings accounts, including seed deposits and other potential incentives, to help pay for future qualified higher education expenses. To learn more about CalKIDS or opt out of the program entirely, please see the Program Information Guide at CalKIDS.org. CalKIDS participants may also establish individual accounts with ScholarShare 529, California's 529 College Savings Plan.