

KINDERGARTEN ROUND-UP 2021

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) 265-1424

NEVADA COUNTY CHDP PROVIDER LIST 2021

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
Kessler, David DO Herman, Laura FNP

Mathias, Susan PA Alderice, Lauren FNP

Nielsen, Amy FNP

Western Sierra Medical Clinic Grass Valley

(530)274-9762 Fax (530)273-7255

844 Old Tunnel Rd. Grass Valley, CA 95945

Family Medicine, Pediatrics:

Curtis Michael MD Wagner, Douglas MD
Woerner, Sarah MD Morency, Anna NP
Conley, Polly PNP Shapiro, Susan MD
McIntyre, Sharon MD Bauer, Ingrid 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



Western Sierra Medical Clinic Penn Valley

(530) 274-9762 Fax (530) 273-7255

1055 Spenceville Rd, Penn Valley, CA 95946

Family Medicine, Pediatrics

Wagner, Douglas MD

***Accepts new Medi-Cal Sliding Scale
Espanol***

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

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 1/2021





Nevada County MEDI-CAL Dental List of Providers

Referrals for Nevada County and beyond.... Compiled by Public Health CHDP of Nevada County

www.denti-cal.ca.gov

Grass Valley/Nevada City

Chapa-De Dental Clinic

(530) 477-9560 fax: 530-447-9217
1350 Main st. Grass Valley 95945
Medi-Cal, Children of all ages, sliding scale

Western Sierra Clinic Grass Valley

(530) 274-9340 fax: 530-273-7255
844 Old Tunnel Rd. Grass Valley 95945
Medi-Cal, Children of all ages, sliding scale, Espanol

Western Sierra Penn Valley

(530) 274-9340 fax: 530-273-7255
10544 Spenceville Rd, Penn Vally 95946
Medi-Cal, Children of all ages, sliding scale, Espanol

North San Juan/Nevada City

Sierra Family Medical Dental Services

(530) 292-3478 fax: 530-292-4296
15301 Tyler Foote Road, Nevada City 95959
Popov, Bozhidar DDS
Alan Schultz DDS
Medi-Cal all ages, sliding scale, Espanol

Downieville

Western Sierra Dental Clinic

(530) 289-3199 fax:
209 Nevada Street, Downieville 95936
Dr. Jennifer Hays
Medi-Cal/Children ages 5 and up, sliding scale, Espanol

Open Thursdays only

Roseville

Western Dental Services & Orthodontics

1 (800) 579-3783
9450 Fairway Drive, Suite 120 Roseville
Medi-Cal, Children of all ages, Espanol

Auburn

Chapa-De Dental Clinic

(530-) 887-2830 fax: 530-8872849
1167 Atwood Road, Auburn
Medi-Cal ages, call to see if there are openings



Truckee/King's Beach

Western Sierra Dental (previously Placer Co. Dental Clinic)

(530) 546-1970 fax: 530-273-7255
8665 Salmon Ave, Kings Beach 96143
Children 4 to 17 yrs/Adult emergency Medi-Cal

Ehrhart, Jeanne DDS

(530) 546-3297 fax: 530-546-3297
8233 Rainbow Avenue, Kings Beach (Lake Tahoe) 96143
Children 4 to 17y Medi-Cal

Yuba City/Marysville & Vicinity

Ampla Health, Lindhurst Family Dentistry

(530) 743-4614
4941 Olivehurst Ave. Olivehurst
Medi-Cal, 21 yrs and under, sliding scale, Espanol

Western Dental Services & Orthodontics

(530) 751-0300
727 Colusa Ave. Yuba City
Medi-Cal/Children of all ages, Espanol

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



NEVADA COUNTY
Public Health

For assistance in finding a dental home for you or your child, contact the Nevada County Child Health and Disability Program (CHDP) or Nevada County Oral Health Program at (530) 265-1450.

¿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) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay 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)
_____		_____	
<i>Licensed Dental Professional Signature</i>		<i>CA License Number</i>	

		<i>Date</i>	

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None

- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
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
PUBLIC HEALTH DEPARTMENT
(530) 265-7049**

**IMMUNIZATION SCHEDULE
EFFECTIVE 2021**

Childhood Immunizations

GRASS VALLEY

Ages 0 through 18

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley

2nd & 4th Thursdays monthly,
1-4 PM (except Holidays)

BY APPOINTMENT ONLY!

Adult Immunizations ONLY

GRASS VALLEY

Ages 19 and over

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley

3rd Thursday monthly, 1-4 PM
(except Holidays)

BY APPOINTMENT ONLY!

NORTH SAN JUAN - All Ages

Community Center 10:00 - 11:30 AM

Tuesdays - July 6, 2021 (Tentative)
and October 12, 2021 (Tentative)

BY APPOINTMENT ONLY!

WASHINGTON - All Ages

Food Bank 10:00 - 11:30 AM

Wednesdays-August 11, 2021 (Tentative)
and November 3, 2021 (Tentative)

BY APPOINTMENT ONLY!

Additional clinics may be added at the Public Health Dept. as we near Returning to School. Dates unknown at this time.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 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.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

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:



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

T: 530-265-1460

F: 530-271-0894

susan.wambaugh@co.nevada.ca.us

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!