

# KINDERGARTEN ROUND-UP 2023

## 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.**

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CHILD HEALTH AND DISABILITY PREVENTION PROGRAM  
NEVADA COUNTY PUBLIC HEALTH DEPARTMENT  
500 Crown Point Circle, Suite 110, Grass Valley, CA 95945 (530) 265-7234



# NEVADA COUNTY CHDP PROVIDER LIST 2023

## 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 (530) 273-7255**

844 Old Tunnel Rd. Grass Valley, CA 95945

#### ***Family Medicine, Pediatrics:***

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

Morency, Anna NP Petros, Diana 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](http://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 1/2022





# 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](http://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

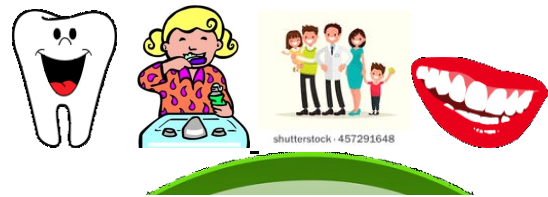
### Western Dental Services & Orthodontics

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
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/Td</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (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) says every child must have a dental check-up (assessment) by May 31<sup>st</sup> 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:	<input type="checkbox"/> White <span style="margin-left: 150px;"><input type="checkbox"/> Native American</span> <input type="checkbox"/> Black/African American <span style="margin-left: 100px;"><input type="checkbox"/> Multi-racial</span> <input type="checkbox"/> Hispanic/Latino <span style="margin-left: 100px;"><input type="checkbox"/> Native Hawaiian/Pacific Islander</span> <input type="checkbox"/> Asian <span style="margin-left: 150px;"><input type="checkbox"/> Unknown</span> <input type="checkbox"/> Other (please specify)		

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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"/> <b>No obvious problem found</b> <input type="checkbox"/> <b>Early dental care recommended</b> (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> <b>Urgent care needed</b> (pain, infection, swelling or soft tissue lesions)		
_____ <b>Licensed Dental Professional Signature</b>		_____ <b>CA License Number</b>
		_____ <b>Date</b>

\*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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="checkbox"/> <b>I don't know</b>	

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:	<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):	
<input type="checkbox"/>	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:  <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None  <input type="checkbox"/> Other: _____
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	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).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____ _____
<b>If asking to be excused from this requirement:</b>	
<input type="checkbox"/> _____ <b>Signature of parent or guardian</b>	MM – DD – YYYY _____ <b>Date</b>

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**

**Lisa.Richardson@nevadacountyca.gov**

**2023 Immunization Clinics**

- \*Child must be accompanied by an adult*
- \*Must bring child's immunization records with you*
- \*Must wear a mask*

*We will continue to follow CDC/CDPH guidance for healthcare facilities regarding COVID precautions*

**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 11, 2023 & October 10, 2023

**TOWN OF WASHINGTON** Vaccines for ALL AGES!

**Washington Fire Station**

15406 Washington Rd, Washington

12:00 - 2:00 PM, on the following Wednesdays

July 19, 2023 & October 18, 2023

**NEVADA COUNTY PUBLIC HEALTH DEPARTMENT**

**TRUCKEE (530) 582-7814**

**2023 Immunization Clinics**

- \*Child must be accompanied by an adult*
- \*Must bring child's immunization records with you*
- \*Must wear a mask*

*We will continue to follow CDC/CDPH guidance for healthcare facilities regarding COVID precautions*

**TRUCKEE**

**Nevada County Public Health Department**

10075 Levon Avenue, Suite 202, Truckee

9:30 - 1:00 PM

1st & 3rd Mondays monthly

(except Holidays)

**BY APPOINTMENT ONLY!**



# Parents' Guide to Immunizations Required for School Entry



## 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](http://www.epa.gov/lead/protect-your-family-exposures-lead#testdw)



- **Dishes, Pots, & Water Crock:** 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](http://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](http://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](http://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](http://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](mailto: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!*