

**Kidsville, U.S.A.**  
**A Division of TAMPE Management Inc.**

**Registration Form**

**Childs Full Name:** Last \_\_\_\_\_ First: \_\_\_\_\_

**Student** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrolled in Class room #: \_\_\_\_\_

**Sponsor Information:**

	Last Name	First name	Cell #	Work #	EMAIL address
Mother					
Farther					
Emergency 1					
Emergency 2					
Emergency 3					

Student Information: ☐ Sponsor ☐ CCRC ☐ Stage 1 ☐ Stage 2 ☐ GAIN

Schedule: ☐ Full Time ☐ Part Time ☐ Camp

DAYS ATTENDING SCHOOL: ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri

**Known Allergies:** \_\_\_\_\_

Item	Description	Receipt/check #	Amount
Deposit			
Registration			\$ 100.00
Insurance			\$ 60.00
Emergency Kit			\$ 20.00
Tuition			
Pro-Rate Tuition			

We the Parents/Guardian of \_\_\_\_\_ agree that the above completed financial information is correct. We agree to submit payment based on the information provided above and in compliance with the Enrollment agreement provided to us at the time of enrollment.

\_\_\_\_\_  
Signed (Parent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed (Administrator)

\_\_\_\_\_  
Date



### Medication/Allergies Information

Please read carefully and complete all required information.

I \_\_\_\_\_ authorize the staff at Kidsville USA to dispense an EpiPen to my child, as treatment for an anaphylaxis emergency, according to the directions on the package provided by me which has been prescribed by a physician.

I also give my permission for my child to be treated for minor-cuts and/or abrasions with water and or band-Aids.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

My child: \_\_\_\_\_ is allergic to the following:

Insects:      Ants ☐      Spiders ☐      Bees ☐      Other ☐

Medications:      Aspirin ☐      Tylenol ☐      Penicillin ☐      Other ☐

Foods:      Milk ☐      Chocolate ☐      Peanut Butter ☐      Other ☐

                 Citrus/Fruit  
                 Juices ☐      Fruits ☐      Eggs ☐      Other ☐

Animals:      Birds ☐      Rabbits ☐      Guinea Pigs ☐      Other ☐

                 Hamsters ☐      Horses ☐

Any other known Allergies not mentioned above:

\_\_\_\_\_  
Please report any other problems with allergies and/or any special instructions for medical or emergency treatment.

(If additional space is necessary, please write on the back of this form)



## CHILD EMERGENCY INFORMATION CARD

Please fill out the following information.

### CHILD'S INFORMATION

CHILD'S FIRST AND LAST NAME: NICKNAME: DATE OF BIRTH:

HOME ADDRESS:

HOME PHONE:

### PARENT/GUARDIAN CONTACT INFORMATION

FIRST AND LAST NAME: CELL PHONE:

WORK PHONE: HOME PHONE:

E-MAIL:

FIRST AND LAST NAME: CELL PHONE:

WORK PHONE: HOME PHONE:

E-MAIL:

### EMERGENCY CONTACT INFORMATION (CHILD MAY BE RELEASED TO THE PERSONS BELOW IF PARENT/GUARDIAN IS UNAVAILABLE):

FIRST AND LAST NAME: RELATIONSHIP TO CHILD:

ADDRESS: HOME PHONE:

CELL PHONE: WORK PHONE: E-MAIL:

FIRST AND LAST NAME: RELATIONSHIP TO CHILD:

ADDRESS: HOME PHONE:

CELL PHONE: WORK PHONE: E-MAIL:

FIRST AND LAST NAME: RELATIONSHIP TO CHILD:

ADDRESS: HOME PHONE:

CELL PHONE: WORK PHONE: E-MAIL:

### OUT-OF-STATE CONTACT (IN CASE IN-STATE CALLS CANNOT BE MADE):

FIRST AND LAST NAME: RELATIONSHIP TO CHILD:

ADDRESS:

WORK PHONE: HOME PHONE: CELL PHONE:

### CHILD'S MEDICAL CARE

PHYSICIAN'S NAME: PHONE NUMBER:

ADDRESS:

E-MAIL: WEBSITE:

MEDICAL CONDITIONS, SPECIAL NEEDS, ALLERGIES, MEDICATIONS, ETC.:

DENTIST'S NAME: PHONE NUMBER:

ADDRESS:

E-MAIL: WEBSITE:

HOSPITAL NAME: PHONE NUMBER:

ADDRESS:

I GRANT PERMISSION FOR THE CHILD CARE PROGRAM TO PROVIDE OR ARRANGE FOR MEDICAL TREATMENT AND/OR TRANSPORTATION TO AN EVACUATION SITE AND/OR MEDICAL FACILITY FOR MY CHILD DURING AN EMERGENCY OR DISASTER. I GRANT PERMISSION FOR MY CHILD TO BE RELEASED TO ANY OF THE EMERGENCY CONTACTS DESIGNATED ABOVE IF I AM UNABLE TO PICK THEM UP IN AN EMERGENCY.

PRINT PARENT/GUARDIAN NAME: SIGNATURE DATE:

PRINT PARENT/GUARDIAN NAME: SIGNATURE DATE:



## Parent Handbook Acknowledgement

I/we the undersigned parent(s)/Guardian of \_\_\_\_\_  
Child's Name

Have received a copy of Kidsville U.S.A.'s Parent Handbook. I/we have read and understand the rules, policies and procedures as stated herein, and authorize Kidsville U.S.A. to act in accordance with these rules, policies, and procedures throughout my/our child's enrollment.

Your Child(ren's) place of Birth: \_\_\_\_\_

1. \_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Social Security # CA Driver's License #

2. \_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Social Security # CA Driver's License #

Please advise Kidsville U.S.A. if someone other than you will be responsible for tuition payments (e.g. CCRC, Gain, Net or another person).

\_\_\_\_\_ is responsible for payment and I understand all authorized forms verifying payments must be received by the director or administrator before my child begins school and that if payment by this third party is not made for any reason I will be responsible to the school for such payment.

Parent/Guardian: \_\_\_\_\_  
Signature Date





**THE FOLLOWING ARE THE APPROVED HOLIDAYS FOR  
THE 2019-2020 CALENDAR YEAR**

- Please check your calendar carefully for any changes that need to be made in the above schedule.
- **NO ADJUSTMENTS IN TUITION FEES WILL BE MADE FOR THESE HOLIDAYS**
- Dates are subject to change annually.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## School Calendar 2019-2020

Month	Date	Day	Holiday
July	5	Fri.	School Closed - Day After Independence Day
August	2	Fri.	School Closed at <b>12:00</b> p.m.- Staff Training Day
September	2	Mon.	School Closed - Labor Day
November	11	Mon.	School Closed at <b>12:00</b> p.m. – Veterans Day
November	27	Wed.	School Closed at <b>12:00</b> p.m. - Thanksgiving Holiday
November	28	Thurs.	School Closed - Thanksgiving Day
November	29	Fri.	School Closed – Day After Thanksgiving
December	12	Thurs.	School Closed at <b>1:00</b> p.m. - Holiday Program
December	24	Tues.	School Closed at <b>12:00</b> p.m.- Christmas Holiday
December	25	Wed.	School Closed - Christmas Holiday
December	26	Thu.	School Closed – Christmas Holiday
December	31	Tues.	School Closed at <b>12:00</b> p.m. - New Year's Holiday
January	1	Wed.	School Closed - New Year's Holiday
January	2	Thur.	School Closed - New Year's Holiday
January	20	Mon.	School Closed at <b>12:00</b> p.m.- Martin Luther King Jr.
February	17	Mon.	School Closed - President's Day
April	10	Fri.	School Closed at <b>12:00</b> p.m.- Good Friday
May	25	Mon.	School Closed - Memorial Day
June	11	Thurs.	Only Room 3 & 11 closed <b>7a.m.- 2 p.m.</b> - Graduation
July	3	Fri.	School Closed - Independence Day Holiday





**Kidsville U.S.A.**  
Infant through school age Learning Academy  
8464 Corbin Ave Northridge, Ca 91324  
(818)886-3508

Dear **Parent/Guardian**

Kidsville USA/Tampe Management Inc. requests your permission to reproduce through printed, audio, visual, or electronic means, activities in which your pupil has participated in his/her education program. Your authorization will enable us to market Kidsville USA/Tampe Management Inc. using mass media, displays, brochures, websites, etc.

Name of Pupil (please print): \_\_\_\_\_

Birthdate (please print): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent (please print): \_\_\_\_\_

I, as a parent and guardian, of the above named pupil fully authorize and grant Kidsville USA/Tampe Management Inc. and its authorized representatives, the right to print, photograph, and/or record the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

- I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- I understand and agree that Kidsville USA/Tampe Management Inc. and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- I understand and agree that Kidsville USA/Tampe Management Inc. and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- I hereby release and hold harmless Kidsville USA/Tampe Management Inc. and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

**My signature shows that I have read and understand the release and I agree to accept its provisions.**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address (Street number, Apartment Number):**

\_\_\_\_\_

**City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_-\_\_\_\_-\_\_\_\_





Kidsville U.S.A.  
Infant through Child Age Academy

## MOON BOUNCE SLIP

Parents,  
Please check one of the following and sign below

☐ **I AUTHORIZE** my child to go on the bouncer, any time Kidsville U.S.A has it on its premises.

☐ **I DO NOT AUTHORIZE MY** child to go on the Bouncer any time Kidsville U.S.A. has it on its premises.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Classroom

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# Field Trip Consent Form

*I permit Kidsville, U.S.A. to send my  
child on field trips for the Year: 2019-  
2020*

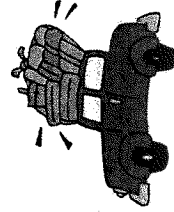
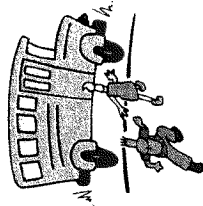
*Name of child: \_\_\_\_\_  
Age: \_\_\_\_\_*

*Name of Parent: \_\_\_\_\_*

*I can chaperone \_\_\_\_\_  
I Cannot Chaperone \_\_\_\_\_*

*\_\_\_\_\_  
Signature of Parent*

*\_\_\_\_\_  
Date*



# Field Trip Consent Form

*I permit Kidsville, U.S.A. to send my  
child on field trips for the Year: 2019-  
2020*

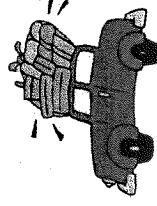
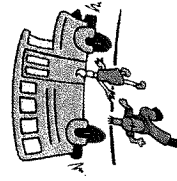
*Name of child: \_\_\_\_\_  
Age: \_\_\_\_\_*

*Name of Parent: \_\_\_\_\_*

*I can chaperone \_\_\_\_\_  
I Cannot Chaperone \_\_\_\_\_*

*\_\_\_\_\_  
Signature of Parent*

*\_\_\_\_\_  
Date*





# Parent Emergency Evacuation Information Form

Name of Program	Kidsville USA
Program address	8464 Corbin Ave. Northridge, CA 91324
Emergency contact at Program	Maureen Perera
Phone numbers of emergency contact	818-886-3508
Cell phone of emergency contact (Please do not call cell phone number during non-emergencies; it will not be turned on)	818-800-8562
In the even the facility must be evacuated because of a confined emergency, the staff and children will leave the building and gather in the immediate area at	The Parking Lot
In the even the facility must be evacuated because of an emergency in the immediate area the children and staff will be transported by <b><u>Staff</u></b> to	Winnetka Elementary or Winnetka Park
The address, phone number, and contact person at the assembly area is	Maureen Perera
If necessary, children will be transported to this health Care facility	Northridge Hospital Medical Center
Address, phone number, and contact person at health care facility	18300 Roscoe Blvd. Northridge, CA 91325 Phone 818-885-8500

I understand that my child(ren) may be relocated to an evacuation site in the case of an unsafe condition in the child care program facility.

Child/Children's Name(s) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature for Permission to treat medically



## MEAL BENEFIT FORM FOR CHILDREN PROGRAM YEAR 2018-2019

Name of Child Care Center: Kidsville USA

818-886-3508

Please read the instructions. If you need help completing this form call:  
Main Office

Complete, sign, and return form to: \_\_\_\_\_

### 1. CHILD INFORMATION

List names of all children enrolled for care

Check the box if the child is a foster child  
(the legal responsibility of a welfare  
agency or court).

Last	First	M.I.	If all children are foster children, go to number (#) 4 and sign this form.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

### 2. BENEFITS

If you are receiving CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not** complete #3. Go to #4.

CalFresh Case #:
CalWorks Case #:
FDPIR Case #:

### 3. ALL HOUSEHOLD MEMBERS

Complete this section if you **did not** complete #2. List all household members including children enrolled for care. List all income. Go to #4.

☐ Check here if this household receives no income. Go to #4.

NAMES	GROSS INCOME and how often it was received (e.g. weekly, every two weeks, twice a month, monthly, or annually)*			
NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

\*Applicants without income are requested to write a **zero** in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.



#### 4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the CalFresh, CalWORKS, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the Meal Benefit Form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.)

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

#### PRIVACY ACT STATEMENT

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKS, or FDPIR office to determine current certification for CalFresh, CalWORKS, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

#### 5. RACIAL/ETHNIC IDENTITY

You are not required to answer these questions.

If you choose to do so, please mark one or more of the following <b>racial</b> identities:		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White
Please mark one of the following <b>ethnic</b> identities:		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	



## U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

FOR AGENCY USE ONLY	
<b>CATEGORICAL ELIGIBILITY</b>	
CalFresh/CalWORKS/FDPIR household categorically eligible free? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster child automatically eligible free? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>INCOME ELIGIBILITY</b> Annual Conversion: Weekly times (x) 52, Every 2 Weeks x 26, Twice a Month x 24, Month 12	
Total Income:	Household Size:
Eligibility Classification <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Base	
Determining Official (Print Name):	
Determining Official Signature :	Certification Date:



## HOW TO COMPLETE THE MEAL BENEFIT FORM

Using the instructions below, please complete, sign, and return the MBF to:

If you need help, call:

**1. CHILD INFORMATION:**

- Print your child's name. Print your child's name.
- Check box to right of name if a foster child.
- Include the name of the child care center.

**2. BENEFITS:** Complete this section and sign the form in #4.

- List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).
- Sign the form in #4. An adult household member must sign. You do not have to list a SSN.

**3. ALL OTHER HOUSEHOLDS:** Complete this section and sign the form in #4.

Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**

- Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- Sign the form and include the last four digits of your SSN in #4. If you do not have a SSN, check the box "Check here if no SSN."

**4. LAST FOUR DIGITS OF SSN AND SIGNATURE:**

- The form must have a **signature** of an adult household member.
- The adult household member who signs the statement must include the last four digits of their **SSN**. If they do not have a SSN, check the box "Check here if no SSN". The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, or FDPIR case number.

**5. RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT		
<b>Earnings from Work:</b> <ul style="list-style-type: none"> <li>Wages/salaries/tips</li> <li>Strike benefits</li> <li>Unemployment compensation</li> <li>Worker's compensation</li> <li>Net income from self-employment</li> </ul> <b>Child Support/Alimony</b> <ul style="list-style-type: none"> <li>Public assistance payments</li> <li>Alimony/child support payments</li> </ul>	<b>Pensions/Retirement/Social Security</b> <ul style="list-style-type: none"> <li>Pensions</li> <li>Supplemental security income</li> <li>Retirement income</li> <li>Veteran's payments</li> <li>Social Security</li> </ul>	<b>Other Monthly Income</b> <ul style="list-style-type: none"> <li>Disability benefits</li> <li>Cash withdrawn from savings</li> <li>Interest dividends</li> <li>Income from estates/trusts/investments</li> <li>Regular contributions from persons not living in the household</li> <li>Net royalties/annuities/net rental income</li> <li>Military allowance for off-base housing</li> <li>Any other income</li> </ul>



## DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

### RACE:

**American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

**Black or African American**—A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### ETHNICITY:

**Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term **Spanish origin** can be used in addition to "Hispanic or Latino."

**Not Hispanic or Latino**



## POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

## SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



## OPTIONS FOR LEAD TESTING

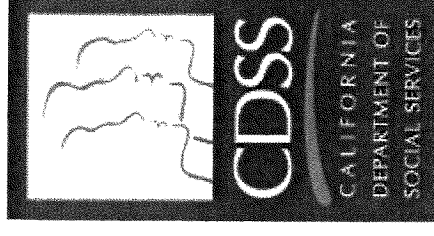


A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at [www.cdph.ca.gov/programs/clpppb](http://www.cdph.ca.gov/programs/clpppb), or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

1/2019



## EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

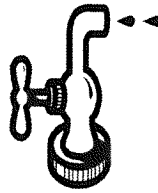


## LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

### IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



### LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;

- Water does not come from a public water system (e.g., a private well).

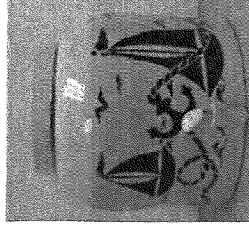
To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**  
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes).\*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**  
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**  
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.\*

- **Filter your water-** Consider using a water filter certified to remove lead.

### WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(\*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at [www.epa.gov/lead/protect-your-family-exposures-lead](http://www.epa.gov/lead/protect-your-family-exposures-lead) or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.

