



Dear Families,

Welcome to Generations!

We are excited to offer an early care and education program that is designed to help each child grow, develop, and learn to their full potential through meaningful play and exploration. Our newly hired teaching team is dedicated to partnering with you in your child's education. They are all experienced teachers who are excited to help open the doors to this amazing new program.

It is our hope that all children and families feel welcome and supported here at Generations. We know that you have options, and we appreciate you trusting us with your child's care and education!

Our preschool program is scheduled to open at the beginning of November, with our infant room hopefully opening soon after! We invite you to come meet the staff, tour the facility, and find out about the program during our new family orientation happening on Friday October 28th, 2022! Please join us at either 9:00am or 3:30pm that day!

If you have any questions or need assistance, please don't hesitate to contact me!

Sincerely,

A handwritten signature in blue ink that reads "Tatiana Cantrell". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Tatiana Cantrell, Ed.D.
Health and Human Services Director
(707) 900-6906

Parent Admission Agreement & Enrollment Contract

Academic Year _____

Generations is a licensed, non-profit, Tribally owned, childcare center open to all children ages 6 weeks to entry into First grade, regardless of race, color, creed, or national origin.

Our purpose is to help the child develop socially, physically, cognitively, emotionally, spiritually, and creatively. All children will receive the same basic services that we offer with no additional optional services at this time.

Registration Fee: \$95.00 new student; \$90.00 re-registration fee for returning student

PRESCHOOL AND DAYCARE MONTHLY TUITION RATES

PROGRAM	SCHEDULE	5 DAYS	4 DAYS	3 DAYS	2 DAYS
½ Day 6wk – 2yr	8:00a – 12:00p	\$600.00	\$480.00	\$360.00	\$240.00
Full 6wk – 2yr	7:00a – 6:00p	\$1,200.00	\$960.00	\$720.00	\$480.00
½ Day 2yr +	8:00a – 12:00p	\$600.00	\$480.00	\$360.00	\$240.00
Full Day 2yr +	7:00a – 6:00p	\$800.00	\$640.00	\$480.00	\$320.00

Tuition: Tuition payments are due on the first day of the month. A \$25 late fee will be charged on all late payments unless prior arrangements have been made. A \$35 charge will be applied to all returned checks and cash payment will be required in order to keep the child in the program. Generations Early Childhood Education Center may drop a child from the program if payment becomes one-month delinquent.

Changes/Withdrawal from Program: When personal information changes, parent agrees to inform the center at once. A written notice of withdrawal from program needs to be given to Director two (2) weeks in advance of withdrawal from the program or payment in full will be required for the time of notice not given.

Payment Policy: Tuition/Daycare payments are due the 1st of each month and will be charged a late fee after the 10th of each month in the amount of \$25.00. A \$35.00 fee will be charged against any returned checks.

Family Discount on Tuition only: First Child: Full Price / Second Child: 10% / Third/Fourth Child: 15%

Refund Policy: There are no refunds or make-up days given for holidays, absences, or emergency closures. The application and re-registration fee are also non-refundable.

Enrollment: I request enrollment of my child _____ into Generations Early Childhood Education Center for the following program:

_____ ½ day 6 weeks to 2 years Full day 6 weeks to 2 years _____ Circle days: M T W TH F
 _____ ½ day 2 years + Full day 2 years + _____ M T W TH F

Billing:

Responsible Party Name(s) _____

Phone: _____ Address: _____

Child's Name: _____

Parent / Guardian Information

Mother/Guardian's Name: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Living with child: _____ Yes _____ No

Father/Guardian's Name: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Living with child: _____ Yes _____ No

If adopted: Age at adoption: _____ does child know he/she is adopted? _____ Yes _____ No

Custody/visiting arrangements: _____

Siblings if they will also be attending

First/Last Name	Age	Date of Birth	Grade	Birth/Adoption/Step/Foster
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ I have read, understand, and agree with all policies outlined in Generations Early Childhood Education Center Parent Handbook.

_____ I have read, understand, and agree with the obligations set forth in this Generations Early Childhood Education Center Parent Admission Agreement and Enrollment Contract.

The following agreement is made between:

_____ (Mother/Legal Guardian) _____ (Father/Legal Guardian) and
Generations Early Childhood Education Center. The Tuition/Daycare fee is \$ _____ per month. The
Registration fee is \$ _____. Family Discount \$ _____. Total due prior to registration \$ _____.

Total fees per month \$ _____.

Signature (Mother or Legal Guardian) _____ Date: _____

Signature (Father or Legal Guardian) _____ Date: _____

Signature of Director _____ Date: _____

Office Use Only

Date started _____ Registration _____ Daily Rate _____ Monthly Rate _____

Family Discount _____ HPUL Subsidy _____ Other Payment Program _____

GENERATIONS

Early Childhood Education Center

650 E HWY 20, Upper Lake, California 95485 | (707) 395-KIDS | generations-ece.org

Child's Information & Emergency Card

Child's Full Name: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mother/Guardian: _____ Primary Number: _____ Work Number: _____

Father/Guardian: _____ Primary Number: _____ Work Number: _____

Emergency Contact: _____ Relationship to child: _____ Phone Number: _____

Emergency Contact: _____ Relationship to child: _____ Phone Number: _____

Name of Doctor: _____ Doctor's Phone Number: _____

Name of Dentist: _____ Dentist's Phone Number: _____

Medication Child is taking: _____

Child's Allergies: _____

Diagnosed Special Needs: _____

What would you like us to know about your child so that we can establish a good relationship with her/him?
Please also add any special instructions or routines that we can incorporate into their care: _____

GENERATIONS

Early Childhood Education Center

650 E HWY 20, Upper Lake, California 95485 | (707) 395-KIDS | (833) 436-KIDS

Authorization

Please Initial if you agree or write in No if you do not:

_____ I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities at Generations Early Childhood Education Center.

_____ I hereby grant permission for my child to be included in observations and evaluations connected with the program.

_____ I hereby grant permission for my child to be photographed and/or recorded for purposes of documenting activities/events which may or may not be included in Tribal newsletters or publications.

_____ I hereby grant permission for the Director or Teachers to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parents or guardian
2. Attempt to contact additional authorized persons off emergency information form.
3. Attempt to contact the child's physician
4. If we cannot contact you or your child's physician, we will do any or all the following:
 - a. Call paramedics/ambulance
 - b. Have the child taken to the hospital in the care of a staff member
5. Any expenses incurred under number four will be borne by the child's family.
6. The Center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The Center will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Mother/Guardian Signature: _____

Father/Guardian Signature: _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL

☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

**CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS****PARENTS' RIGHTS**

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1450 Neotomas Avenue, Suite 100, Santa Rosa, CA. 95405

Licensing Office Telephone #: (707) 588-5026

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (9/08)

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

1450 Neotomas Avenue, Suite 100

CITY

Santa Rosa

ZIP CODE

95405

AREA CODE/TELEPHONE NUMBER

(707) 588-5026

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE		DATE EACH DOSE WAS GIVEN				
		1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)		/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td	(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR	(MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)						
HIB MENINGITIS	(HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B		/ /	/ /	/ /		
VARICELLA	(CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
_____ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner



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 their [website](https://www.epa.gov/lead) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



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.



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 also will 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](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/LeadPoisoning/LeadPrevention/Pages/default.aspx), 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.

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