

CHILD LEAD INVESTIGATION QUESTIONNAIRE (CLIQ)

GENERAL INSTRUCTIONS

The CLIQ is administered to help identify potential sources of lead exposure in and around a child’s home. Case managers will administer this questionnaire during the initial home visit. If a home visit is not feasible, it may be administered over the phone. After the CLIQ is complete, the case manager will forward a copy to the lead risk assessor, who will conduct the environmental investigation, if applicable. Throughout this document, the NvCLPPP has provided instructions and scripts to guide the process. Use the scripts where relevant and **adjust them as needed** to reflect your health authority’s procedures. Suggested scripts are *italicized*, and instructions are indicated by ❶

❶ BEFORE THE INTERVIEW

Before interviewing the parent or guardian, the case manager should thoroughly review the existing case information and **complete Sections 1-3** to the best of their ability. Gather details from the child’s case report, and if feasible, from the child’s healthcare provider or clinic staff. Ask the parent about any fields that remain incomplete during the interview.

1. Physician and Clinic Information

❶ Retrieve the information from the case report. If any details are missing, search online or contact the clinic to obtain them.

| | |
|----------------------------------|--|
| (a) Physician name: _____ | (b) Clinic name: _____ |
| (c) Street address: _____ | (d) City: _____ (e) State: _____ |
| (f) ZIP code: _____ | (g) Clinic phone: _____ |

2. Background Information

❶ Complete section 2 to the best of your ability **before** the interview. At the start of the interview, confirm you are talking to the right person before proceeding, and then verify the pre-filled information with the parent/guardian. Gather any remaining information during the interview.

Hello, my name is [NAME], and I’m a [ROLE] at [ORGANIZATION]. I’m calling in regards to a blood lead level test we received. May I speak with the parent/guardian of [CHILD’S FIRST NAME]?

(a) Interviewee’s preferred language

In what language would you feel most comfortable speaking? If it is not English, I can get a translator.

Language preferred: _____

❶ If the interviewee prefers a language other than English, consult translation services before proceeding.

(b) Child name

To confirm I’m speaking with the right person and to protect your child’s privacy, could you verify their full name, including middle name if they have one? Can you confirm I have the correct spelling?

| | | |
|-------|--------|-------|
| _____ | _____ | _____ |
| First | Middle | Last |

(c) Child date of birth/age

Can you please also confirm your child’s date of birth?

DOB: _____ Age: _____

(d) Parent/Guardian Name

What is your full name, and how do you spell it?

| | | |
|-------|--------|-------|
| _____ | _____ | _____ |
| First | Middle | Last |

(e) Relationship to child

What is your relationship to [CHILD’S NAME]?

Relationship to child: _____

Thank you for confirming that information. We are calling because we got a blood lead level result from your child's doctor/lab. The blood lead level is [BLL], higher than the current reference value of 3.5 µg/dL set by the CDC. Lead is poisonous if swallowed or breathed in, especially for children, because they are still growing and developing. It's often found in old paint, household items, and some foods. It's important to find the source so that safety measures can be put in place to protect your child from further exposure.

(f) Interview consent

I have a set of questions that could potentially help us identify sources of lead in your child's environment. Once we have an idea of possible sources, I can give you recommendations. These questions will take about 30 minutes to complete. Is now a good time?

- Yes No, call back another time No, refused interview
① Proceed with interview ① Ask 2g and 2h before ending call ① Leave them your contact info, document refusal of services

① Assure the parent/guardian that the information they share during this interview is voluntary and confidential.

Please know that you are not required to answer any questions, and there are no consequences if you choose not to. Our goal is to support your child's health and well-being. Also, I want to assure you that any information you provide will remain confidential and will not be shared with immigration authorities, including ICE. Your trust and safety are very important to us.

(g) Preferred contact method

[In case I need to call back,] what is the best way to reach you? Please provide your [PHONE NUMBER/EMAIL]

- Home Phone: _____ Cell Phone: _____
 Email: _____

(h) Preferred day and time to call

What's the best day and time to call you?

- M: T: W: Th: Fr: Sat: Sun:

(i) Alternate Contact

Besides yourself, is there another person I can contact regarding your child's blood lead level?

First Middle Last

Relationship to child: _____

- Phone: _____ Email: _____

Thank you. Next, I need to confirm some information about your child.

- (j) BLL (µg/dL):** Venous Capillary **(k) BLL result date:** _____

(l) Insurance type

Is your child enrolled in health insurance? If so, which of the following?

- Public (includes Medicaid) Private insurance Parent-self pay
 Unknown Other: _____

(m) Child sex

What is your child's sex?

- Male Female Unknown

(n) Child race

Which of the following best describes your child's race? You can select more than one category.

- American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Pacific Islander White Other Refuse to Answer

(o) Child ethnicity

Which of the following best describes your child's ethnicity?

- Hispanic/Latino Non-Hispanic/Non-Latino Unknown

(p) Previous BLL test:

Has your child received a blood lead test in the past?

- No ① If no, skip to Section 4 Yes ① If yes, complete Section 3

3. Previous Blood Lead Level (BLL) Tests

❶ Complete this section to the best of your ability **before** interviewing the parent/guardian. **During** the interview, ask about previous BLL tests. **After** the interview, verify previous BLL tests if the data are available.

| (a) BLL (µg/dL) <i>What was the blood lead level?</i> | (b) Blood draw date <i>When was the blood sample collected?</i> | (c) Test type <i>Was the blood sample taken from a fingertip (capillary) or a vein (venous)?</i> | (d) Location <i>In what city and state was the blood lead test performed?</i> |
|--|--|--|--|
| i. | | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <input type="checkbox"/> Not Sure | |
| ii. | | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <input type="checkbox"/> Not Sure | |
| iii. | | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <input type="checkbox"/> Not Sure | |
| iv. | | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <input type="checkbox"/> Not Sure | |

4. Time Abroad

Next, I'd like to ask about your child's time abroad. Knowing this information can help identify potential sources of lead exposure that could be associated with cultural practices and products. These questions are **not** about immigration status. If you feel uncomfortable, please remember you are not required to answer any of these questions.

(a) Child's birth country

In what country was your child born?

Country: _____ ❶ If the child was born outside of the US, ask 4b and 4c, otherwise skip to 4d.

(b) Duration of child in birth country

How long did your child live in [HIS/HER] birth country?

(c) U.S. arrival date

When did your child arrive in the United States?

(d) Travel and residency abroad

Has your child lived or traveled outside the US in the past 12 months?

Yes, ❶ Fill out the information in the table below. No Unsure

Please provide details on the country and dates

| Country | From date | To date |
|---------|-----------|---------|
| i. | | |
| ii. | | |
| iii. | | |

5. Primary Residence

Now, I'd like to ask about your child's home and other people in the home. Some homes, especially those older or near industrial sites, pose a higher risk for lead exposure. These questions can help us identify potential risks.

(a) Child's primary residence

Please provide the address of your child's primary residence; include the city name, zip code, and apartment number if applicable.

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

(b) Length of residence

How long has your child lived here?

Years: _____

Months: _____

(c) Dwelling type

What type of home is it? Is it a...

Single-family Home
 Apartment
 Condominium
 Mobile Home
 Manufactured Home
 Townhome
 Other (please specify): _____

(d) Age of building
What year was this home built? Year: _____ **1** Verify building year online, see **Appendix A**

(e) Ownership type
Do you own or rent this home?

Own **1** If own, skip to 5g
 Rent **1** If renting, ask 5f

(f) Rental assistance (IF RENTING)

Do you currently receive any form of rental assistance or housing subsidy from a government agency or other organization?

Native American Housing
 Public Housing
 Section 8 Housing
 Transitional Housing
 Other (please specify): _____

(g) Other children

Are other children under 18 living in this household?

Yes, **1** If yes, ask 5h
 No **1** skip to 5i

(h) Other cohabitant children

Please provide other children's names, birth dates, and relationship to [CHILD'S NAME]? Let's start with the youngest child.

| Child | Name | DOB | Relationship | Tested for Lead? | Test Date | BLL (µg/dL) |
|-------|------|-----|--------------|------------------|-----------|-------------|
| i. | | | | | | |
| ii. | | | | | | |
| iii. | | | | | | |
| iv. | | | | | | |
| v. | | | | | | |

(i) Pregnant or Lactating Persons

Are there any pregnant or lactating persons in the household?

Yes, please specify: _____ No Unsure
1 If yes, ask: *Has the pregnant or lactating person(s) taken a blood lead test?* Yes No Unsure

(j) Deteriorated paint and/or water damage

In the past 12 months, has there been deteriorated paint in this home? This could include chipping, flaking, chalking, or water damaged paint or plaster.

Yes, please specify where: _____ No

(k) Previous remodeling, renovation, and repainting

In the past 12 months, has there been any recent remodeling, renovation, or repainting inside or outside this home or anywhere else your child spent considerable time in?

Yes, specify below: _____ No Unsure

Location(s): _____

Activities: _____

Dates: _____ **Work Duration:** _____

(l) Future remodeling, renovation, and repainting

Are there any plans for future remodeling, renovation, or repainting inside or outside this home or anywhere else your child spends time?

Yes, specify: _____ No Unsure

(m) Paint, dust, soil, or water testing

Has the home's paint, dust, soil, or water been tested for lead before?

Yes, specify below: _____ No Unsure

When was testing done? _____ By whom? _____

Was lead found? Yes No Do you have a record or report of the findings? Yes No

If lead was found, what was done to fix or reduce the lead problem? _____

(n) Additional addresses

In the past 12 months, has your child lived in or spent a lot of time* in a home besides [PRIMARY ADDRESS]? This may include preschool, daycare, a friend's home, or relative's home.

*The term "a lot of time" means something that happens often or consistently. For example:

- At least once a week (like weekly visits)
- A few times a month (like 2-4 times a month)
- As part of the child's usual schedule

Type of location: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Type of location: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

(o) Proximity to potential lead sources

In the past 12 months, has your child lived or spent a lot of time near** any of the following?

**The term near means being close to a place within a few hundred yards to a few miles away. The risk of lead exposure depends on many factors, but being close to lead can be a risk. It is OK to use your best guess to decide if your child lives near a place that might have lead.

- | | | |
|--|--|---|
| <input type="checkbox"/> Areas being renovated or demolished | <input type="checkbox"/> Battery plant | <input type="checkbox"/> Busy highway or road |
| <input type="checkbox"/> Construction site(s) | <input type="checkbox"/> Industrial factory or warehouse | <input type="checkbox"/> Metal recycling facility |
| <input type="checkbox"/> Radiator repair shop | <input type="checkbox"/> Small airport | <input type="checkbox"/> Smelter |

(p) Gasoline and solvents

In the past 12 months, has gasoline or other solvents ever been used to clean parts or disposed of at the property?

Yes, (specify): _____ No Unsure

6. Water Lead Hazards

Next, I'd like to ask about your household's water sources and usage. These questions are important because lead can sometimes be found in plumbing materials, especially in older homes or areas with older infrastructure.

(a) Drinking water source

What is the family's drinking water source?

- Filtered (filtration system or pitcher) Municipal/tap Private well Purchased (bottled water)
- Other (please specify): _____

(b) Cooking water source

What is the source of the water the family uses for cooking?

- Filtered (filtration system or pitcher) Municipal/tap Private well Purchased (bottled water)
- Other (please specify): _____

(c) Plumbing work

Has the plumbing in this home been worked on or disturbed in a way that could impact water quality? This is particularly relevant for homes built before 1986, when lead solder was commonly used.

- Yes, specify date: _____ Location: _____ No
- Nature of the work: _____ Unsure

7. Child Behavioral Risk Factors

Next, I will ask about your child's behaviors in the past 12 months. Certain behaviors, such as finger sucking or paint picking, may put children at increased risk of accidentally swallowing lead.

(a) Finger sucking

Does your child suck their fingers?

- Yes No Unsure

(b) Pica

Does your child have pica? Pica is a condition that causes a desire to eat non-food items that have no nutritional value, such as dirt, clay, paper, or hair.

- Yes No Unsure

(c) Mouth non-food items

Does your child frequently pick up and put non-food objects in their mouth? This can include metal objects, blinds, cosmetics, soil, clay, furniture, windowsills, doors, toys, car keys, or household items.

- Yes (please specify): _____ No Unsure

(d) Paint picking

Does your child pick at painted surfaces, walls, or furniture?

- Yes No Unsure

(e) Outside play areas

Where outside does your child like to play or spend time? Do these areas have bare soil?

Describe the play area(s): _____

(f) Inside play areas

Where inside the home does your child like to play or spend time?

Describe the play area(s): _____

8. Child Health

For the next section—let's talk about your child's health. Specifically, these next questions will be about hygiene, dietary habits, and health conditions. By asking these questions, we can provide specific recommendations to reduce your child's risks and potential impacts of lead exposure.

(a) Timing of hand washes

How often are your child's hands washed...

| | Never | Sometimes/Always |
|-----------------|--------------------------|--------------------------|
| i. Before meals | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. After meals | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--|---|
| iii. After playing outside | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. After using the restroom | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Calcium-rich foods | | |
| <i>Does your child usually eat calcium-rich foods such as milk products, green leafy vegetables, calcium-enriched products, canned fish, tofu, or other calcium-rich foods?</i> | | |
| <input type="checkbox"/> Yes, specify: _____ | | <input type="checkbox"/> No |
| (c) Iron-rich foods | | |
| <i>Does your child usually eat iron-rich foods such as red meats, poultry, seafood, beans, iron-fortified cereals, nuts, dried raisins, dates, prunes, or other iron-rich foods?</i> | | |
| <input type="checkbox"/> Yes, specify: _____ | | <input type="checkbox"/> No |
| (d) Meals/snacks | | |
| <i>How many times per day does your child eat or have snacks?</i> | | |
| Number of meals/snacks per day: _____ | | |
| (e) Garden foods | | |
| <i>Does your child eat food grown in your yard or home garden?</i> | | |
| <input type="checkbox"/> Yes, type of food: _____ | | <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Where it is grown: _____ | | |
| (f) Nutritional deficiency | | |
| <i>Has your child ever been diagnosed with a nutritional deficiency? For example, iron, vitamin D, zinc, or vitamin B12 deficiency.</i> | | |
| <input type="checkbox"/> Yes, specify: _____ | | <input type="checkbox"/> No |
| (g) Behavioral and learning concerns | | |
| <i>Does your child have a history of learning or behavior concerns? This may include speech delays, attention difficulties (such as ADHD), hyperactivity, etc.</i> | | |
| <input type="checkbox"/> Yes, specify: _____ | | <input type="checkbox"/> No |
| (h) Public assistance programs | | |
| <i>Is your child being served by any of the following agencies?</i> | | |
| <input type="checkbox"/> Early Intervention Services <input type="checkbox"/> Food Banks <input type="checkbox"/> Head Start <input type="checkbox"/> Women, Children, and Infants (WIC) | | |
| <input type="checkbox"/> Other (please specify): _____ | | |
| (i) Recent Symptoms | | |
| <i>Has your child experienced any of the following symptoms in the last 3 months?</i> | | |
| Symptom | Yes/No | Additional details |
| i. Nausea | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ii. Vomiting | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| iii. Stomachache | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| iv. Poor Appetite | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| v. Weight Loss | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| vi. Change in Behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| vii. Change in Sleep Patterns | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| viii. Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ix. Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| x. Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

(j) Barriers to medical care

In the past 12 months, have you experienced any barriers to accessing health care for your child? For example...

- Cost of services Lack of transportation Difficulty getting an appointment Lack of insurance coverage
- Not knowing where to go for services Language or communication barriers
- Other (please specify): _____

9. Consumer Products

Next, I'd like to ask about products and items in your home that your child may use or come into contact with. Everyday products, including certain toys, cookware, cosmetics, or cultural items, can sometimes contain lead. Understanding what products your family uses can be very helpful in identifying possible sources of lead exposure.

(a) Toys

Does your child have any favorite toys?

- Yes, ¹ Fill out the information in the table below No Unsure

Please provide more details on your child's favorite toy(s), including...

| Type/brand of toy | When/where was it acquired? | Does your child put the toy in their mouth? | |
|-------------------|-----------------------------|---|-----------------------------|
| i. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(b) Cookware and dishware

Are ceramic, crystal, clay, glazed, pewter, or aluminum containers used to cook, prepare, store, or serve food and/or drinks?

- Yes, ¹ Fill out the information in the table below No Unsure

Please provide more details on the dishware/cookware, including...

| Type/brand of product | Frequency used | Country of origin |
|-----------------------|----------------|-------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

(c) Imported food products

Does your child eat any imported spices, foods, snacks, or candies? Examples include turmeric, chili, tamarind candies, chapulines, or any other food products not made in the U.S.

- Yes, ¹ Fill out the information in the table below No Unsure

Please provide more details on the imported food products, including...

| Type/brand of food | Frequency used | Country of origin |
|--------------------|----------------|-------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

(d) Imported canned items

Does the family use imported canned items?

- Yes, ¹ Fill out the information in the table below No Unsure

Please provide more details on the imported canned items, including...

| Type/brand of food | Frequency used | Country of origin |
|--------------------|----------------|-------------------|
| i. | | |

| | | |
|------|--|--|
| ii. | | |
| iii. | | |
| iv. | | |

(e) Traditional remedies

Has your child ever been given any traditional or homemade remedies or herbal treatments? Some examples include Ayurvedics, traditional Chinese medicines, greta, azarcon, powders or pills, and remedies for teething, colic, and stomach aches.

Yes, **1** Fill out the information in the table below No Unsure

Please provide more details on the medicines and remedies, including...

| Item type/brand | Frequency used | Country of origin |
|-----------------|----------------|-------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

(f) Imported cosmetics and deodorants

Does your child wear or come into contact with any imported cosmetics (such as Kohl and Surma) or deodorants (such as Litargiro) that are not made in the U.S.?

Yes, **1** Fill out the information in the table below No Unsure

Please provide more details on the cosmetics/deodorants, including...

| Item type/brand | Frequency used | Country of origin |
|-----------------|----------------|-------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

(g) Jewelry and amulets

Does your child wear or play with jewelry or amulets?

Yes, **1** Fill out the information in the table below No Unsure

Please provide more details on the jewelry/amulets, including...

| Item type/brand | Frequency used | Country of origin |
|-----------------|----------------|-------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

(h) Vinyl blinds

Does the home contain vinyl blinds imported from a different country or made before 1997? Over time, the heat from direct sunlight deteriorates the plastic, creating lead dust on the surface, increasing the risk of lead exposure.

Yes, specify: _____ No
 Does your child play with or spend a lot of time near the blinds? _____ Unsure

10. Hobbies and Occupations

1 In the additional comments section, collect information that will help you assess the risk of take-home lead. Consider prompts such as: What materials are used? Where is the hobby performed? Do you change into different clothes before going into your home after work/hobby? Etc.

Next, I'd like to ask about your household's jobs and hobbies. Some jobs and hobbies may use materials that contain lead, which can be brought into the home on clothes, shoes, skin, hair, nails, and pose as a risk of lead exposure for kids.

(a) Hobbies and occupations

Does anybody in the family participate in hobbies/occupations, either inside or outside the home, that might involve lead? Some common examples include...

| Job/Activity | Yes | Who? | How often? | Additional Comments |
|--------------|-----|------|------------|---------------------|
| | | | | |

| | | | | |
|--|--------------------------|--|--|--|
| Arts and crafts (i.e., ceramics, pottery, jewelry making, painting, glass staining) | <input type="checkbox"/> | | | |
| Metalwork (i.e., welding, soldering, mining, scrapping etc.) | <input type="checkbox"/> | | | |
| Auto work (i.e., auto body repair, radiator repair, etc.) | <input type="checkbox"/> | | | |
| Restoration and renovation (i.e., refurbishing, painting, varnishing, construction, etc.) | <input type="checkbox"/> | | | |
| Hunting/fishing (using fire arms, casting bullets, using or creating fishing sinkers or jig heads, etc.) | <input type="checkbox"/> | | | |
| Other: | | | | |
| Other: | | | | |

(b) Child access to work/hobby areas

Do children have access to the areas where these hobbies or activities are performed?

- Yes No

(c) Laundry

Are work and hobby clothes washed and stored separately from other laundry?

- Yes No

11. Parent Input

(a) Suspected sources of lead exposure

Where do you think your child was/is exposed to lead?

12. Assessment

i Based on the parent/guardian's responses to this questionnaire, determine the likely sources and risks of lead exposure.

Probable source(s) of lead exposure

- Lead-based paint/dust
 Soil
 Water
 Consumer Products (check all that apply):
 Toys Imported canned items Jewelry and amulets
 Cookware and/or dishware Traditional remedies Vinyl blinds
 Imported food products Cosmetics/deodorants Other (specify): _____
 Occupational/hobby exposure (specify): _____

Behavior and health risks

- Hand-to-mouth behavior Pica
 Mouthing a lead-containing source Plays in bare soil/dirt
 Other (specify): _____

Other household members at possible risk for lead exposure

- Other children under 6 living in the primary residence
 Pregnant or lactating persons living in the primary residence

Other

Specify: _____

13. Education and Referrals

① Share **all** the educational points below **at a minimum**, and supplement as needed based on the interview and parent’s concerns. When presenting information:

- Tailor advice based on what the family can realistically do in the short term while working toward more permanent solutions.
- Use clear and simple language to ensure understanding.
- Encourage two-way communication by inviting questions or concerns about each point you discuss.

Thank you for working with me on this. Based on what I’ve learned about your home and family, I would like to share some recommendations to help reduce lead exposure in your child’s environment. I will also share some referrals to help connect you with resources.

(a) Follow-up Blood Lead Testing (For ALL cases)

Blood lead tests are necessary to monitor your child’s exposure to lead. Based on your child’s last blood lead test, it is recommended that your child get a blood lead test within...

| Venous BLL (µg/dL) | Early follow up testing (2–4 tests after initial test) | Later follow up testing after BLL declining |
|--------------------|--|---|
| ≥3.5–9 | 3 months* | 6–9 months |
| 10–19 | 1–3 months* | 3–6 months |
| 20–44 | 2 weeks–1 month | 1–3 months |
| ≥45 | As soon as possible | As soon as possible |

(b) Lead Paint/Dust

- Keep your child away from deteriorating paint and continue to monitor the conditions of the paint.
- Clean floors and windowsills regularly using a damp mop or cloth to minimize lead dust.
- Obtain washable doormats for entrances to the dwelling. Remove shoes before entering home.
- Do not let your child eat or mouth non-food items that may contain lead or lead dust.
- If you are planning to renovate in the future, make sure to hire a lead-safe certified contractor. Federal law requires contractors that disturb painted surfaces in homes built before 1978 to be lead-safe certified to prevent lead contamination. Always ask to see your contractor’s certification.
- Work with a lead risk assessor to test the paint, dust, soil, and water in your home.

(c) Soil

- Keep children away from bare soil areas.

(d) Water

- Use cold tap water for preparing baby formula, cereal, or drinking. Let the water run for a few minutes before use to reduce the potential for lead contamination from old plumbing.

(e) Consumer Products and Hobbies

- Avoid using medicines, spices, foods, cosmetics, jewelry, and painted toys from other countries. They are more likely to contain lead than products made in the U.S.A.
- Do not use chipped or cracked clay pots or dishes from other countries for cooking, storing, or serving food. Acidic food or drink is especially likely to cause lead to leach out of dishware and cookware.
- If someone in your home works with lead as part of their job or hobby, have them remove their work clothes and shoes before entering the house. Ensure their work clothes are washed separately from family laundry.
- Limit access or use of (specify): _____

(f) Behaviors

- Frequently wash your child’s hands, toys, pacifiers, and bottles to remove lead dust, especially before meals, after play time, and bedtime.

(g) Health

- Make sure your child eats a healthy, balanced diet rich in calcium, iron, and vitamin C, as these nutrients can help reduce the absorption of lead. Your local WIC can provide you with a list of foods and meals that can help meet these recommendations.
- Talk to your doctor to ensure your child’s diet meets their nutritional needs and that they are reaching their developmental milestones.

(h) Household Members

- Test other household members—especially children under six, children with developmental issues, and pregnant women—for lead exposure if it has not already been done.
- Older children and adults should also be tested to determine if they may have had contact with lead.

(i) Other education

Specify: _____

(j) Referrals

- Follow-up blood lead test(s) within the CDC recommended time with a pediatrician, health department, or lab
- Lead investigation and risk assessment (LIRA) to test home and items for lead (AKA environmental investigation)
 - If your LHD cannot provide LIRAs, see **Appendix B** for resources
- Las Vegas** Lead Hazard Control and Healthy Homes Program (see **Appendix B** for eligibility and contact information)
- Local WIC (see **Appendix B** for contact information)
- Developmental & Educational Services (see **Appendix B** for eligibility and contact)
 - Nevada Early Intervention Services (for children up to the age of 3)
 - Child Find Department (for children aged 3 and older)
- Child’s pediatrician for medical follow-up or medical questions
- Insurance support (see Appendix B)
 - Nevada Medicaid and MCO Services (for **children enrolled in or eligible for Medicaid**)
 - Nevada Health Link (for **children without insurance** who are not Medicaid eligible)
- NvCLPPP (for more lead education, news, recalls, etc): 702-895-5067, nvclppp@unlv.edu
- Other (specify): _____

Appendix A: County Assessor Websites

| County | Website |
|-------------|--|
| Carson City | Carson City Property Inquiry |
| Churchill | Churchill County Property Tax Inquiry |
| Clark | Clark County Real Property Records |
| Douglas | Douglas County Parcels, Personal Property, and Tax Accounts |
| Elko | Elko County Parcels, Personal Property, and Tax Accounts |
| Esmeralda | Esmeralda County Property Tax Inquiry |
| Eureka | Eureka County Parcels, Personal Property, and Tax Accounts |
| Humboldt | Humboldt County Parcels, Personal Property, and Tax Accounts |
| Lander | Lander County Assessor Data Searches |
| Lincoln | Lincoln County Parcel, Personal Property, and Tax Records |
| Lyon | Lyon County Parcel, Personal Property, and Tax Accounts |
| Mineral | Mineral County Property Tax Inquiry |
| Nye | Nye County Assessor Property Inquiry |
| Pershing | Pershing County Property Tax Inquiry |
| Storey | Storey County Property Tax Inquiry |
| Washoe | Washoe County Real Property Assessment Data |
| White Pine | White Pine County Parcel Search |

Appendix B: Referrals

Lead Investigation and Risk Assessment (LIRA) AKA Environmental Investigation

If your LHD cannot provide LIRAs, the following partners may be contacted:

Nevada Childhood Lead Poisoning Prevention Program

The NvCLPPP team has EPA-certified risk assessors and may be able to provide a LIRA, free of charge, in response to a lead exposure case (contingent on funding and staff availability). Case managers can reach out directly to inquire.

- Email: nvclppp@unlv.edu
- Phone: 702-895-5067

EPA – Region 9

The EPA Region 9 team may be able to conduct a free LIRA for cases with a confirmed venous BLL ≥ 3.5 $\mu\text{g}/\text{dL}$. Case managers should contact the Region 9 on-scene coordinators to request support – but should be aware that responses may take time and are dependent on staffing and case volume.

- Olivia Trombadore: trombadore.olivia@epa.gov
- Bianca Handley: handley.bianca@epa.gov
- General Contact: r9.info@epa.gov
- Toll-Free: (866) 372-9378

Las Vegas Lead Hazard Control and Healthy Homes Program

About the program

The city of Las Vegas was awarded a grant by the Office of Lead Hazard Control and Healthy Homes to help develop cost-effective ways to reduce lead-based paint hazards. The goal of this program is to create lead-safe and healthy housing in Las Vegas and reduce the incidence of childhood lead poisoning. This program is free to eligible households. Please see below for eligibility.

Eligibility

Homeowners

- Property was built prior to 1978
- Property is located within the city of Las Vegas
- Household has a child under the age of 6 years old who resides in the home or frequently visits
- Household meets HUD income guidelines

Rental Property/Landlords

- Property was built prior to 1978
- Property is located within the city of Las Vegas
- Household has a child under the age of 6 years old who resides in the home or frequently visits
- If property becomes vacant within first three years of service, property owner must give priority to families with a child under 6 years old for at least three years
- Tenant household must meet HUD income guidelines

For more information, please call 702-229-7444 or email shift@lasvegasnevada.gov.

Women, Infants, and Children (WIC)

WIC is a federally funded nutrition program that provides nutritious foods, nutrition education, breastfeeding support, and referrals to health and social services for eligible families. In Nevada, WIC services are available to pregnant and postpartum persons as well as children under age 5 who meet income guidelines.

WIC staff can help families understand the role of nutrition in reducing lead absorption; create meal plans rich in iron, calcium, and vitamin C (which are protective against lead); and connect to other resources.

Statewide WIC Contact

- Phone: (800) 863-8942
- Website: [Nevada WIC](#)

Developmental & Educational Services

Nevada Early Intervention Services (NEIS)

NEIS provides services for children under age 3 who may have developmental delays or conditions that could affect their development, including a BLL above the BLRV. In Nevada, children with a BLL above the BLRV are eligible for referral to early intervention services. These services may include evaluations, family meetings, and early intervention planning.

Statewide Referrals

- Phone: (800) 522-0066
- Email: ProjectAssist@dhhs.nv.gov
- Website: Nevada DHHS Early Intervention Programs

Regional Offices

- Carson City: (775) 687-0101
- Elko: (775) 753-1214
- Ely: (775) 289-1622
- Las Vegas: (702) 486-9200
- Reno: (775) 688-1341
- Winnemucca: (775) 623-6593 ext. 7

Child Find Department

Child Find is a program within each Nevada school district that identifies and evaluates children age 3 and older who are not yet enrolled in school and may have developmental delays or disabilities. These evaluations determine whether a child qualifies for inclusive education services.

Children with a BLL above the BLRV may be referred to Child Find for an assessment of possible developmental impacts from lead exposure. Each school district manages its own Child Find program, thus referral procedures may vary. Case managers should contact the school district directly or visit its website to confirm the appropriate steps for submitting a referral. For the most current contact information, refer to the Local School and District Information page.

| County | Contact Information |
|---------------|---|
| Carson City | (775) 283-2350 Carson City School District |
| Churchill | (775) 423-5187 Churchill County School District |
| Clark | (702) 799-7463 Clark County School District |
| Douglas | (775) 392-2121 Douglas County School District |
| Elko | (775) 753-8646 Elko County School District |
| Esmeralda | (775) 485-3215 [M,W 7:30AM to 4PM] or (775) 572-3250 [T, Th 7:30AM to 4PM] Esmeralda County School District |
| Eureka | (775) 237-5700 Eureka County School District |
| Humboldt | (775) 623-8128 Humboldt County School District |
| Lander | (775) 635-2886 Lander County School District |
| Lincoln | (775) 728-8000 Lincoln County School District |
| Lyon | (775) 463-6800 Lyon County School District |
| Mineral | (775) 945-2403 Mineral County School District |
| Nye | (775) 751-4015 Nye County School District |
| Pershing | (775) 273-5099 Pershing County School District |
| Storey | (775) 847-0983 Storey County School District |
| Washoe | (775) 327-0685 Washoe County School District |
| White Pine | (775) 289-4851 White Pine County School District |

Insurance Support

Nevada Medicaid & Managed Care Organization (MCO) Services

Families enrolled in Nevada Medicaid may be eligible for additional support services through their MCO. These services may help address medical, housing, nutritional, or other social needs that affect the child's health.

Case managers should ask which MCO the family uses and encourage them to contact the MCO's member services line for help accessing available programs. Referrals to services like care coordination, community health workers (**CHWs**), rental or utility assistance, and nutrition support may be available.

MCO Member Services:

- Anthem Blue Cross and Blue Shield: (844) 396-2329
- Molina Healthcare: (833) 685-2102
- SilverSummit Healthplan: (844) 366-2880
- UnitedHealthcare Health Plan of Nevada: (800) 962-8074

Nevada Health Link

The Nevada Health Link website helps individuals find affordable health insurance plans that fit their needs and budget. Through Nevada Health Link, individuals can shop for, compare, and purchase qualified health insurance plans with tax credits or subsidies that are based on income, location, and family size.

- Phone number: 1-800-547-2927
 - Call Center Hours
Monday - Friday, 9am - 5pm
- Website: <https://www.nevadahealthlink.com/>