Tri-County Community Council, Inc.

Head Start/Early Head Start

Lead Risk Assessment

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center ­­­­­­­ ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead is a metal found in many things around us, including lead based paint, dust, soil, water and lead glazed pottery. It is possible to eat, drink and breathe in lead. When too much lead gets into your body, it is called lead poisoning. Lead poisoning can cause several health problems including learning and behavior problems and hearing problems. It can harm your child’s brain, kidneys and other body organs. These problems can be permanent. By answering the following questions, we can determine if your child is at risk for lead poisoning. If it is determined that your child may be at risk, your child will be referred to his or her physician for further testing.

1. Do you live in or often visit, once a week or more, a house that was built before 1930?

\_\_\_\_ Yes \_\_\_\_No

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your child eat non-food items like paint chips or dirt?

\_\_\_\_ Yes \_\_\_\_No

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does your child live in or often visit a home that is being painted or remodeled, or having paint scraped or sanded?

\_\_\_\_ Yes \_\_\_\_No

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does your child frequently come in significant exposure with any person whose job or hobbies involve exposure to lead? (Examples: building renovation, radiator repair)

\_\_\_\_ Yes \_\_\_\_No

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does your child live in or frequently visit a house or building that has lead pipes, pipes with lead solder joints, or had metal pipes replaced or repaired in the last five years?

\_\_\_\_ Yes \_\_\_\_No

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Has your child played in loose soil that is near an industrial site or a busy road (inner city or metropolitan area) (Example: Chicago or New York) within the last year?

\_\_\_\_ Yes \_\_\_\_No

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does your child eat food from lead crystal, antique ceramic or imported pewter dishes?

\_\_\_\_ Yes \_\_\_\_No

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Does this need to be referred? Yes\_\_\_ No\_\_\_

Note: Has your child ever had a lead test: Yes\_\_\_ No \_\_\_

Date tested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr.’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_