BLUE RIDGE COMMUNITY UNIT SCHOOL DISTRICT #18
411 North John Street, Farmer City, IL 61842
309-928-9141 Phone 309-928-5478 Fax

CRISIS MANAGEMENT – EVACUATION INFORMATION

Dear Parents/Guardians:

In an effort to improve our management of critical incidents, Blue Ridge CUSD #18 is providing the following information to parents/guardians regarding any potential evacuation of any Blue Ridge School(s).

In the event of an evacuation, parents will be notified by telephone, website and/or email of the location of a parent-child reunification site. The District will be utilizing SchoolReach, a parent notification system that allows administrators to deliver messages to parents/guardians quickly and efficiently. This information will be provided via radio and television as well.

This location may be on campus or at an off-site location depending upon the situation. In the event of an evacuation following an EMERGENCY LOCKDOWN, it is likely that law enforcement will establish a significant perimeter around the campus of several blocks. If such an event occurs, an off site location will be utilized for parent-child reunification. As stated earlier, this will be conveyed via the parent notification system and local media.

It is imperative that parents proceed to reunification site and NOT to the school. The reunification site is where all new information regarding the situation will be released to parents. We understand that this will be an emotional time but do not attempt to go to the school. Doing so makes it more difficult for the District and law enforcement to do their jobs during a critical period. Law enforcement from multiple agencies may be responding. They will not recognize you as a parent, and all individuals on campus or approaching the school will be detained as a part of identifying all possible perpetrators and maintaining a safe perimeter around the school. This will significantly increase the amount of time required for you to take custody of your child.

Release of students will be to custodial parents/guardians only. Identification will be required. There will be no exceptions.

Be patient. The reunification process will take time. In the event of an EMERGENCY LOCKDOWN, the District must receive the all clear from law enforcement before the evacuation and parent/guardian-child reunification process can begin. There is no way to estimate how long this will be. It could take hours.

While we are hopeful that we will never have to implement this procedure, we are committed to being prepared and trust that this information will facilitate a safer environment for our students.

Sincerely,

Mrs. Susan E. Wilson
Superintendent

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NOTIFICATION TO PARENTS AND STUDENTS OF THEIR RIGHTS CONCERNING A STUDENT'S SCHOOL RECORDS

The District maintains two types of school records for each student: *permanent* record and *temporary* record. These records may be integrated.

The *permanent record* includes:

- Basic identifying information
- Academic transcripts
- Attendance record
- Accident and health reports
- Scores received on the Prairie State Achievement Examination
- Information pertaining to release of this record
- Honors and awards
- School-sponsored activities and athletics

The *temporary record* may include:

- Family background
- Completed Home Language Survey
- Intelligence and aptitude scores
- Psychological reports
- Achievement test results, including scores on the Illinois Standards Achievement Test
- Participation in extracurricular activities
- Honors and awards
- Teacher anecdotal records
- Disciplinary information, including information regarding any punishment for misconduct involving drugs, weapons, or bodily harm to another
- Special education files
- Verified reports or information from non-educational persons
- Verified information of clear relevance to the student's education
- Information pertaining to release of this record

STUDENT RECORDS—STUDENT RIGHTS

The Family Educational Rights and Privacy Act (FERPA) and the Illinois Student Records Act afford parents/guardians and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

1. **The right to inspect and copy the student's education records within 15 school days of the day the District receives a request for access.**
   a. The degree of access a student has to his or her records depends on the student's age. Students less than 18 years of age have the right to inspect and copy only their permanent record. Students 18 years of age or older have access and copy rights to both permanent and temporary records. Parents/guardians or students should submit to the Building Principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent(s)/guardian(s) or student of the time and place where the records may be inspected. The District charges $.35 per page for copying but no one will be denied their right to copies of their records for inability to pay this cost.
   b. These rights are denied to any person against whom an order of protection has been entered concerning a student (105 ILCS 5/10-22.3c and 10/5a, and 750 ILCS 60/214(b)(15).

2. **The right to request the amendment of the student's education records that the parent(s)/ guardian(s) or eligible student believes are inaccurate, misleading, irrelevant, or improper.**
   a. Parents/guardians or eligible students may ask the District to amend a record that they believe is inaccurate, misleading, irrelevant, or improper. They should write the Building Principal or records custodian, clearly identify the record they want changed, and specify the reason.
   b. If the District decides not to amend the record as requested by the parents/guardians or eligible student, the District will notify the parents/guardians or eligible student of the decision and advise him or her of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent(s)/guardian(s) or eligible student when notified of the right to a hearing.

3. **The right to permit disclosure of personally identifiable information contained in the student's education records, except to the extent that the FERPA or Illinois School Student Records Act authorizes disclosure without consent.**
   a. Disclosure is permitted without consent to school officials with legitimate educational or administrative interests. A school official is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or any parent(s)/guardian(s) or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.
   b. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
   c. Upon request, the District discloses education records without consent to officials of another school district in which a student has enrolled or intends to enroll, as well as to any person as specifically required by State or federal law. Before information is released to these individuals, the parents/guardians will receive prior written notice of the nature and substance of the information, and an opportunity to inspect, copy, and challenge such records.
   d. When a challenge is made at the time the student's records are being forwarded to another school to which the student is transferring, there is no right to challenge (1) academic grades, or (2) references to expulsions or out-of-school suspensions.
   e. Disclosure is also permitted without consent to: any person for research, statistical reporting or planning, provided that no student or parent(s)/guardian(s) can be identified; any person named in a court order; appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons; and juvenile authorities when necessary for the discharge of their official duties who request information before adjudication of the student.

4. **The right to a copy of any school student record proposed to be destroyed or deleted.**
   a. Student records are reviewed every 4 years or upon a student's change in attendance centers, whichever occurs first.

5. **The right to prohibit the release of directory information concerning the parent's/ guardian's child.**
   a. Throughout the school year, the District may release directory information regarding students, limited to:
      i. Name
      ii. Address
      iii. Gender
      iv. Grade level
      v. Birth date and place
      vi. Parents'/guardians' names and addresses
      vii. Academic awards, degrees, and honors

viii. Information in relation to school-sponsored activities, organizations, and athletics
ix. Major field of study
x. Period of attendance in school

b. Many parents/guardians or eligible student may prohibit the release of any or all of the above information by delivering a written objection to the Building Principal within 30 days of the date of this notice. No directory information will be released within this time period, unless the parents/guardians or eligible student is specifically informed otherwise.

c. A photograph of an unnamed student is not a school record because the student is not individually identified. The District shall obtain the consent of a student's parents/guardians before publishing a photograph or videotape of the student in which the student is identified.

6. **The right to request that military recruiters or institutions of higher learning not be granted access to your-secondary school student's name, address, and telephone numbers without your prior written consent.**

a. Federal law requires a secondary school to grant military recruiters and institutions of higher learning, upon their request, access to secondary school students' names, addresses, and telephone numbers, unless the parents/guardians request that the information not be disclosed without prior written consent. If you wish to exercise this option, notify the Building Principal where your student is enrolled for further instructions.

7. **The right contained in this statement: No person may condition the granting or withholding of any right, privilege or benefits or make as a condition of employment, credit, or insurance the securing by any individual of any information from a student's temporary record which such individual may obtain through the exercise of any right secured under State law.**

8. **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.**

9. The name and address of the Office that administers FERPA is:
Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington DC 20202-4605

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Student Medical Problem Form and Medical Assistance Authorization

Student Last Name _____ Student First Name _____

Medical Problem(s) (i.e. diabetic, epilepsy, hearing loss, etc.) Please write NONE if applicable.

_____

_____

_____

_____

_____

_____

Should my child _____ be in need of medical assistance due to injury, accident or illness and the school be unable to contact a parent, guardian or designated emergency contact person, I authorize school personnel to seek medical assistance on behalf of my child.

_____ _____ _____
(Parent/Guardian Signature) (Parent/Guardian Printed Name) (Date)

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Request for Exclusion/Non-Participation in Specified School Instruction or Activities

Student Name _____

Attendance Center _____

School Year _____

☐ My child has permission to participate in all activities.

☐ I DO NOT want my child to participate in the activities checked below:

_____ Aids Education (Not taught in K-3)

_____ Christmas Parties

_____ Christmas Program

_____ Human Growth & Development

_____ Picture and Name on Web Page

_____ Printing of Name/Address/Phone Number in Student Directory

_____ Disease Instruction

_____ Halloween Parade

_____ Halloween Party

_____ Sex Education (Not taught in K – 3)

_____ Sexual Abuse Instruction

_____ Other: _____

Explanation, if any:

_____

_____

_____

_____

_____ _____

Date Parent/Guardian Signature

_____ _____

Principal/Administrator Signature Approved

Denied

Remarks, if any:

_____

_____

_____

_____

_____

Illinois Sex Offender Law Information

Criminal Offender Notification Law
(Per P.A. 94-994 effective 1/1/07)

Parents may access information regarding registered sex offenders that is available to the public. This law is intended to increase awareness of the Illinois Sex Offender Registry (I-SOR) and to encourage parents to review the information available to them.

The Illinois Sex Offender Registry is available through a link on the Illinois State Police website at http://www.isp.state.il.us.

Individuals may search the database by name, zip code or county. Access is free.

730ILCS 152/101 et seq.

Blue Ridge Community Unit School District #18
Transportation Information

Please complete the following information
for each child in your household

For Grades PreK - 8

Student's Name: _____ Entering Grade: _____
Street Address or Rural 911 Address _____ City _____
Home Telephone _____ Cell# Mom _____ Work# Mom _____
Cell# Dad _____ Work# Dad _____ Other _____
Emergency Contact Name: _____ Emergency Contact Telephone# _____

ECSE Only: Child will start school on Mo___Da___Yr___ Attends AM___ or PM___

Please check the appropriate box and fill out the corresponding information:

- ☐ My child will walk to school
- ☐ My child will be dropped off and picked up at school by (person's name)_____
- ☐ My child will ride the bus to and from his/her home address (listed above)
- ☐ My child will ride the bus to and from his/her sitter. Following is the sitter's information:
  Sitter's Name: _____Sitter's Telephone: _____
  Sitter's Address and City: _____
- ☐ My child will ride the bus to and from an established bus stop. Please mark the appropriate bus stop:
  __ Bellflower – Community Center
  __ Bellflower – Along 3850 E Road/Before Route 54
  __ Mansfield – Mansfield Elementary School
  __ Mansfield – Corner of McKinley & North Streets (K-8th)
  __ Mansfield – Corner of Liberty & Oliver Streets (K-8th)
  __ Farmer City – Corner of North and Main (K-8th)
  __ Farmer City – Corner of Allen and Walnut Streets (K-8th)
  __ Farmer City – South side of Rt. 54 at Maple Street @ Route 54 (K-8th)
  __ Farmer City – Blue Ridge High School/Schneider School Circle Drive

Please note the following:

All students must bring a note to school if they need to go home a different way. Unless we hear from the parent the child will be sent home his or her usual way. Please do not call the office to make changes unless it is an emergency. If the teacher does not know the person who is to pick up your child they will ask for a photo ID.

Bus riders must bring a note to school and the parent must call the transportation department at (309) 928-2150 if the child needs to go home a different way. Unless we hear from the parent the child will be sent home his or her usual way.

Parents of ECSE students should call the transportation department at (309) 928-2150 if child will be absent or is not riding the bus.

Please list the names of individuals who may pick up your child from school or at the bus stop (please note: the school will still need a note or telephone call if one of these individuals are picking up your child; this is to confirm that you know the individual is picking up the child that day): _____
_____

Parent signature: _____**Date:**_____

For office use only: Copies to Transportation Director, School Office, Classroom Teacher

Students

School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN:

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

_____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day ? ☐ Yes ☐ No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

_____

Physician's signature Date

For only parents/guardians of students who need to carry asthma medication or an EpiPen®:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).

If you agree please initial: _____

Parent(s)/guardian(s)

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices**, and

I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian printed name	Parent/Guardian printed name
Parent/Guardian signature* Date	Parent/Guardian signature* Date

** Both parents and/or guardians, if available, should sign.*

State of Illinois
Department of Public Health

DENTAL EXAMINATION WAIVER FORM

Please print:

Student's Name: Last First Middle		Birth Date: (Month/Day/Year) / /
Address: Street City ZIP Code		Telephone:
Name of School:	Grade Level:	Gender: ☐ Male ☐ Female
Parent or Guardian:	Address (of parent/guardian):	

I am unable to obtain the required dental examination because:

☐ My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).

☐ My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).

☐ My child is enrolled in Medicaid/All Kids, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept Medicaid/All Kids.

☐ My child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.

Signature _____ Date _____

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

December 2006

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name: Last First Middle		Birth Date: (Month/Day/Year) / /
Address: Street City ZIP Code		Telephone:
Name of School:	Grade Level:	Gender: ☐ Male ☐ Female
Parent or Guardian:	Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries —** At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____ Date of Exam _____

Address _____ Telephone _____
Street City ZIP Code

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

State of Illinois
Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)

Birth Date _____ Gender _____ Grade _____
(Month/Day/Year)

Parent or Guardian _____
(Last) (First)

Phone _____
(Area Code)

Address _____
(Number) (Street) (City) (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____

Ocular history: ❑ Normal or Positive for _____

Medical history: ❑ Normal or Positive for _____

Drug allergies: ❑ NKDA or Allergic to _____

Other information _____

Examination

	Distance			**Near**
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? ❑ Yes ❑ No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	❑	❑	❑	_____
Internal exam (vitreous, lens, fundus, etc.)	❑	❑	❑	_____
Pupillary reflex (pupils)	❑	❑	❑	_____
Binocular function (stereopsis)	❑	❑	❑	_____
Accommodation and vergence	❑	❑	❑	_____
Color vision	❑	❑	❑	_____
Glaucoma evaluation	❑	❑	❑	_____
Oculomotor assessment	❑	❑	❑	_____
Other _____	❑	❑	❑	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

❑ Normal ❑ Myopia ❑ Hyperopia ❑ Astigmatism ❑ Strabismus ❑ Amblyopia

Other _____

Continued on back

State of Illinois
Eye Examination Report

Recommendations

1. Corrective lenses: ❑ No ❑ Yes, glasses or contacts should be worn for:
   ❑ Constant wear ❑ Near vision ❑ Far vision
   ❑ May be removed for physical education

2. Preferential seating recommended: ❑ No ❑ Yes

   Comments _____

   _____

3. Recommend re-examination: ❑ 3 months ❑ 6 months ❑ 12 months

   ❑ Other _____

4. _____

5. _____

Print name_____

Optometrist or physician (such as an ophthalmologist) who provided the eye examination ❑ MD ❑ OD ❑ DO

License Number_____

Address _____

_____

Phone _____

Consent of Parent or Guardian

I agree to release the above information on my child or ward to appropriate school or health authorities.

_____
(Parent or Guardian's Signature)

_____
(Date)

Signature _____

Date _____

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Printed by Authority of the State of Illinois
6/09

IOCI1271-09

State of Illinois
Department of Public Health
Eye Examination Waiver Form

Please print:

Student Name _____ Birth Date_____
(Last) (First) (Middle Initial) (Month/Day/Year)

School Name _____ Grade Level _____ Gender ❑ Male ❑ Female

Address _____
(Number) (Street) (City) (ZIP Code)

Phone _____
(Area Code)

Parent or Guardian _____
(Last) (First)

Address of Parent or Guardian _____
(Number) (Street) (City) (ZIP Code)

I am unable to obtain the required vision examination because:

❑ My child is enrolled in medical assistance/ALL KIDS, but we are unable to find a medical doctor who performs eye examinations or an optometrist in the community who is able to examine my child and accepts medical assistance/ALL KIDS.

❑ My child does not have any type of medical or vision/eye care coverage, my child does not qualify for medical assistance/ALL KIDS, there are no low-cost vision/eye clinics in our community that will see my child, and I have exhausted all other means and do not have sufficient income to provide my child with an eye examination.

❑ Other undue burden or a lack of access to an optometrist or to a physician who provides eye examinations:_____

_____

Signature _____ Date _____

(Source: Added at 32 Ill. Reg. _____, effective _____)

Printed by Authority of the State of Illinois
6/09

IOCI1271-09

Illinois Department of Public Health

Childhood Lead Risk Assessment Questionnaire

ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING (410 ILCS 45/6.2)

Name _____ Today's Date_____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.	**R E S P O N S E**
1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	Yes No Don't Know
2. Does this child have a sibling with a blood lead level of10 mcg/dL or higher?	Yes No Don't Know
3. Does this child live in or regularly visit a home built before 1978?	Yes No Don't Know
4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	Yes No Don't Know
5. Is this child a refugee or an adoptee from any foreign country?	Yes No Don't Know
6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	Yes No Don't Know
7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	Yes No Don't Know
8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	Yes No Don't Know
9. Does this child reside in a high-risk ZIP code area?	Yes No Don't Know

---

A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; **and**

- there has been no change in the child's living conditions; **and**
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result_____mcg/dL Date _____ Test 2: Blood Lead Result_____mcg/dL Date _____

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

_____ _____

Signature of Doctor/Nurse Date

Illinois Lead Program
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466

Illinois Department of Public Health
Guidelines for Blood Lead Screening and Lead Risk Assessment

- **Blood lead screening** is defined as obtaining a blood lead test. **Lead risk assessment** is defined as evaluation of potential for exposures to lead based on questionnaire responses.

- **It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or potential exposure to lead has been identified, regardless of child's age.**

- Illinois has defined ZIP code areas at high risk and low risk for lead exposure based on housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.

- In Illinois, all children from **low-income families** (i.e., Medicaid-eligible children) should receive a blood lead test at ages 12 and 24 months, even if they live in a low-risk ZIP code area. If the child is 3 through 6 years old and has not been tested, a blood lead test is required.

Childhood Lead Risk Assessment Questionnaire

- Complete the Childhood Lead Risk Assessment Questionnaire during a health care visit at ages 12 and 24 months.
    - If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.
    - If any response is "YES" or "DON'T KNOW," obtain a blood lead test
- Consider evaluating children before 12 months of age, depending on the area.
- If the child is age 3-6 years ***and***
    1) there is any "YES" or "DON"T KNOW" ***and***
    2) has had two successive blood lead test results that were each less than < 10 mcg/dL with one of these tests at age 2 years or older ***and***
    3) risks of exposure to lead have not changed, **further blood lead tests are not necessary.**
- If the child is 1) 3-6 years, ***and*** 2) all answers to the Childhood Lead Risk Assessment Questionnaire are "NO," ***and*** 3) risks of exposure to lead have not changed, a blood lead test is not necessary.
- If the child is 3-6 years of age and risks of exposures to lead have increased, obtain a blood lead test.
- Continue to use the Childhood Lead Risk Assessment Questionnaire through age 6.

For children living in Chicago:

- A blood lead test for children age 3 and younger should be obtained at 6, 12, 18, 24 and 36 months **OR** at 9, 15, 24 and 36 months.
- Children 4 through 6 years of age with prior blood lead levels <10 mcg/dL should have an annual risk assessment. A blood lead test should be performed if risk increases or if the child exhibits persistent oral behaviors.

Illinois Lead Program
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466

High-Risk ZIP Codes for Pediatric Blood Lead Poisoning

Adams	62567	**Effingham**	62367	**Knox**	62526	61466	62976	60942
62301	62570	None	62373	61401	62537	61476	62992	60960
62320	**Clark**	**Fayette**	62379	61410	62551	61486	**Putnam**	60963
62324	62420	62458	62380	61414	**Macoupin**	**Monroe**	61336	61810
62339	62442	62880	**Hardin**	61436	62009	None	61340	61831
62346	62474	62885	62919	61439	62033	**Montgomery**	61363	61832
62348	62477	**Ford**	62982	61458	62069	62015	**Randolph**	61833
62349	62478	60919	**Henderson**	61467	62085	62019	62217	61844
62365	**Clay**	60933	61418	61474	62088	62032	62242	61848
Alexander	62824	60936	61425	61485	62093	62049	62272	61857
62914	62879	60946	61454	61489	62626	62051	**Richland**	61865
62988	**Clinton**	60952	61460	61572	62630	62056	62419	61870
Bond	62219	60957	61469	**Lake**	62640	62075	62425	61876
62273	**Coles**	60959	61471	60040	62649	62077	**Rock Island**	61883
Boone	61931	60962	61480	**LaSalle**	62672	62089	61201	**Wabash**
61038	61938	61773	**Henry**	60470	62674	62091	61236	62410
Brown	61943	**Franklin**	61234	60518	62685	62094	61239	62852
62353	62469	62812	61235	60531	62686	62538	61259	62863
62375	**Cook**	62819	61238	61301	62690	**Morgan**	61265	**Warren**
62378	All Chicago	62822	61274	61316	**Madison**	62601	61279	61412
Bureau	ZIP Codes	62825	61413	61321	62002	62628	**St. Clair**	61417
61312	60043	62874	61419	61325	62048	62631	62201	61423
61314	60104	62884	61434	61332	62058	62692	62203	61435
61315	60153	62891	61443	61334	62060	62695	62204	61447
61322	60201	62896	61468	61342	62084	**Moultrie**	62205	61453
61323	60202	62983	61490	61348	62090	61937	62220	61462
61328	60301	62999	**Iroquois**	61354	62095	**Ogle**	62289	61473
61329	60302	**Fulton**	60911	61358	**Marion**	61007	**Saline**	61478
61330	60304	61415	60912	61364	None	61030	62930	**Washington**
61337	60305	61427	60924	61370	**Marshall**	61047	62946	62214
61338	60402	61431	60926	61372	61369	61049	**Sangamon**	62803
61344	60406	61432	60930	**Lawrence**	61377	61054	62625	**Wayne**
61345	60456	61441	60931	62439	61424	61064	62689	62446
61346	60501	61477	60938	62460	61537	61091	62703	62823
61349	60513	61482	60945	62466	61541	**Peoria**	**Schuyler**	62843
61359	60534	61484	60951	**Lee**	**Mason**	61451	61452	62886
61361	60546	61501	60953	60553	62617	61529	62319	**White**
61362	60804	61519	60955	61006	62633	61539	62344	62820
61368	**Crawford**	61520	60966	61031	62644	61552	62624	62821
61374	62433	61524	60967	61042	62655	61602	62639	62835
61376	62449	61531	60968	61310	62664	61603	**Scott**	62844
61379	62451	61542	60973	61318	62682	61604	62621	62887
Calhoun	**Cumberland**	61543	**Jackson**	61324	**Massac**	61605	62663	**Whiteside**
62006	62428	61544	62927	61331	62953	61606	62694	61037
62013	**DeWitt**	61563	62940	61353	**McDonough**	**Perry**	**Shelby**	61243
62036	61727	**Gallatin**	62950	61378	61411	62832	62438	61251
62070	61735	62934	**Jasper**	**Livingston**	61416	62997	62534	61261
Carroll	61749	**Greene**	62432	60420	61420	**Piatt**	62553	61270
61014	61750	62016	62434	60460	61422	61813	**Stark**	61277
61051	61777	62027	62459	60920	61438	61830	61421	61283
61053	61778	62044	62475	60921	61440	61839	61426	**Will**
61074	61882	62050	62480	60929	61470	61855	61449	60432
61078	**DeKalb**	62054	**Jefferson**	60934	61475	61929	61479	60433
Cass	60111	62078	62883	61311	62374	61936	61483	60436
62611	60129	62081	**Jersey**	61313	**McHenry**	**Pike**	61491	**Williamson**
62618	60146	62082	62030	61333	60034	62312	**Stephenson**	62921
62627	60550	62092	62063	61740	**McLean**	62314	61018	62948
62691	**Douglas**	**Grundy**	**Jo Daviess**	61741	61701	62323	61032	62949
Champaign	61930	60437	61028	61743	61720	62340	61039	62951
61815	61941	60474	61075	61769	61722	62343	61044	**Winnebago**
61816	61942	**Hamilton**	61085	61775	61724	62345	61050	61077
61845	**DuPage**	62817	61087	**Logan**	61728	62352	61060	61101
61849	60519	62828	**Johnson**	62512	61730	62355	61062	61102
61851	**Edgar**	62829	62908	62518	61731	62356	61067	61103
61852	61917	62859	62923	62519	61737	62357	61089	61104
61862	61924	**Hancock**	**Kane**	62548	61770	62361	**Tazewell**	**Woodford**
61872	61932	61450	60120	62543	**Menard**	62362	61564	61516
Christian	61933	62311	60505	62635	62642	62363	61721	61545
62083	61940	62313	**Kankakee**	62643	62673	62366	61734	61570
62510	61944	62316	60901	62666	62688	62370	**Union**	61760
62517	61949	62318	60910	62671	**Mercer**	**Pope**	62905	61771
62540	**Edwards**	62321	60917	**Macon**	61231	None	62906	
62546	62476	62330	60954	62514	61260	**Pulaski**	62920	
62555	62806	62334	60969	62521	61263	62956	62926	
62556	62815	62336	**Kendall**	62522	61276	62963	**Vermilion**	
62557	62818	62354	None	62523	61465	62964	60932	