



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Child Health and Disability Prevention/Childhood Lead Poisoning Prevention
 Program Plan and Budget Reporting Checklist**

County/City:	Fiscal Year:	Page Number
1. CHDP-CLPP Plan and Budget Reporting Checklist		_____
2. CHDP-CLPP Certification Statement		_____
3. CHDP-CLPP Organizational Chart		_____
4. CHDP New or Revise Memorandum of Understanding and Inter-agency Agreements		_____
5. If Applicable:		
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)		_____
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)		_____
c. Property Survey Report Form (STD 152)		_____
6. CHDP Plan and Budget Reporting Spreadsheet		
a. Agency Information Sheet		_____
b. CHDP Memorandum of Understanding and Inter-agency Agreement List		_____
c. CHDP-CLPP Incumbent List		_____
d. CHDP-CLPP Budget		
i. CHDP-CLPP Budget		
– Budget Worksheet and Narrative Justification		_____
– Budget Summary		_____
ii. Optional County/City - Federal Match Budget		
– Summary and Worksheet		_____
– Budget Narrative		_____

All items listed here should be submitted to the ISCD Budget Portal as one signed PDF document. In addition, Excel worksheet components of this reporting package should also be submitted as one document. Detailed instruction for each item listed can be found in the Integrated Systems of Care Division Plan and Fiscal Guidelines.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

**Child Health and Disability Prevention
Childhood Lead Poisoning Prevention Program
Certification Statement**

County/City:

Fiscal Year:

I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Signature of CHDP Director
Sherilynn Cooke, MD, MPH

Date Signed

Signature of Director or Health Officer
Jill Blake, Public Health Director

Date Signed

Signature of CHDP Deputy Director
Charlene Weiss-Wenzl, Director of Nursing

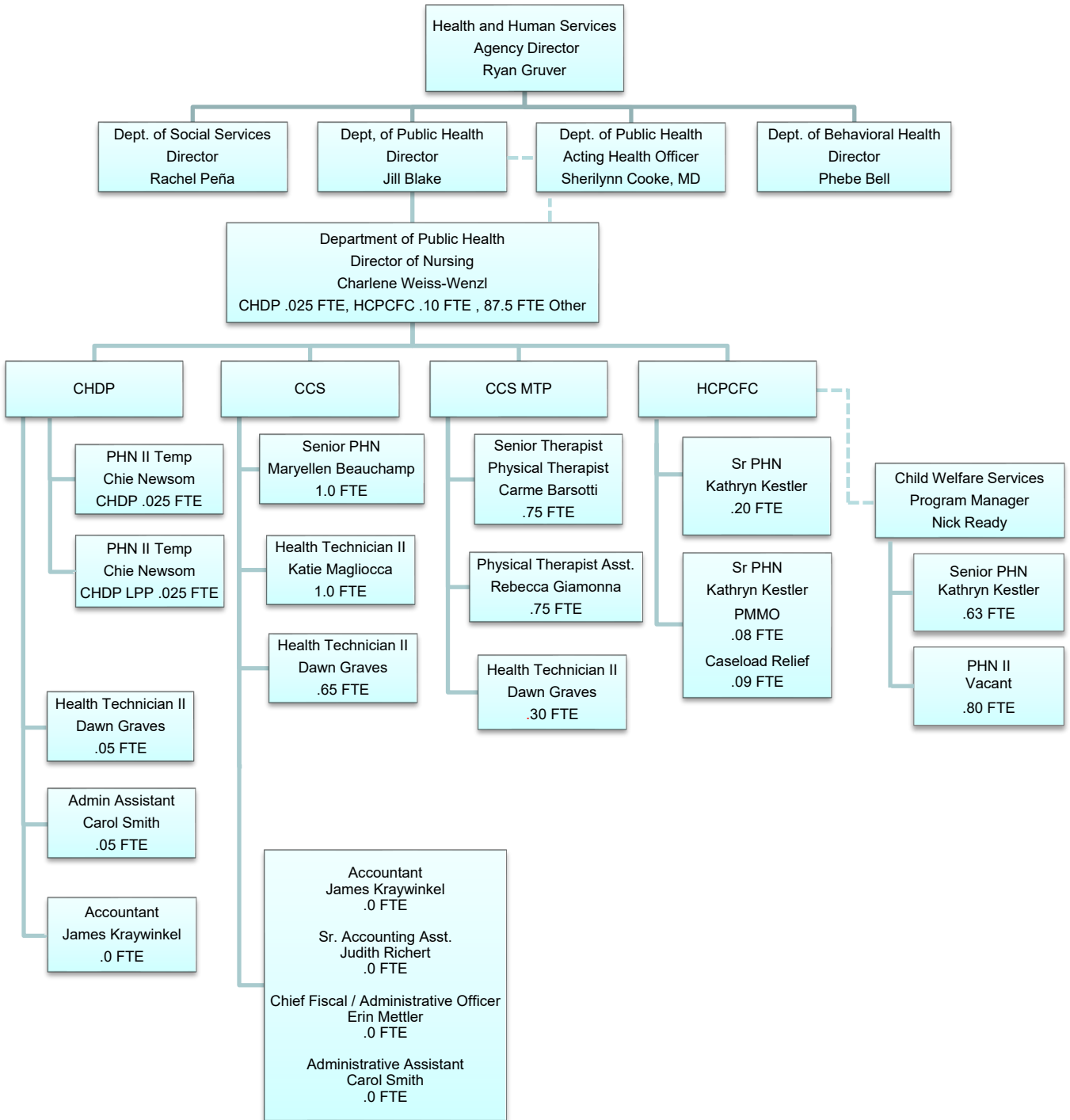
Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson
Susan K. Hoek,
Chair of the Board of Supervisors

Date Signed

2022-23 Nevada County Children's Medical Services





State of California—Health and Human Services Agency
Department of Health Care Services

**Child Health and Disability Prevention
 Agency Information**



GAVIN NEWSOM
 GOVERNOR

County/City:	Nevada	Fiscal Year:	2022-23
Official Agency			
Street Address:	500 Crown Point Circle, Ste 110	Health Officer:	Sherilynn Cooke, MD
City:	GrassValley	Local CHDP:	
Zip Code:	95945	Central Inbox:	publichealth@nevadacountyca.gov
CMS Director (if applicable)			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Director			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Deputy Director			
Name:	Charlene Weiss-Wenzl	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-7269	City:	Grass Valley
Email:	Charlene.Weiss-Wenzl@nevadacountyca.gov	Zip Code:	95945
Clerk of the Board of Supervisors or City Council			
Name:	Julie Patterson Hunter	Street Address:	950 Maidu Avenue, Ste 200
Phone:	(530) 265-1480	City:	Nevada City
Email:	Julie.Patterson-Hunter@nevadacountyca.gov	Zip Code:	95959



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
 GOVERNOR

Child Health and Disability Prevention
Memoranda of Understanding/Interagency Agreement List

County/City: Nevada	Fiscal Year: 2022-23
----------------------------	-----------------------------

<i>List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Child Health and Disability Prevention.</i>			
	Title or Name of MOU/IA	Name of Partner Entity	Date Last Renewed
1	Nevada County IAA	Public Health/Social Services/Probation Department	6/1/2021
2	HPCFC/CWS MOU	Foster Care and Child Welfare Services	6/1/2021
3	SELPA IAA	California Childrens Services/Nevada County Public He	7/1/2018
4	Blue Cross CCS/HF MOU	Blue Cross/California Childrens Services/Healthy Famil	2/1/1999
5	Blue Shield CCS/HF MOU	Blue Shield/California Childrens Services/Health Famili	2/1/1999
6	Access Dental CCS/HF MOU	Access Dental/California Childrens Services	2/1/1999
7	Delta Dental CCS/HF MOU	Delta Dental/California Childrens Services	2/1/1999
8	EyeMed Vision Care CCS/HF MOU	EyeMed Vision Care/California Childrens Services	7/1/2005
9	SafeGuard Vision CCS/HF MOU	Safeguard Vision/California Childrens Services	10/1/2005
10	VSP Vision Svc CCS/HF MOU	VSP Vision Services/California Childrens Services	7/1/2015
11	California Health & Wellness MOU	County of Nevada and CHWP	7/1/2015



State of California—Health and Human Services Agency
Department of Health Care Services

**Child Health and Disability Prevention & Lead Poisoning Prevention
 Incumbent List**



County/City: Nevada	Fiscal Year: 2022-23
----------------------------	-----------------------------

List all Child Health and Disability Prevention staff. <i>Please include applicable vacant positions, including title.</i>				
	Name	Title	Email Address	Other Programs (with FTE % each)
1				
2				
3	Chie Newsom	Public Health Nurse	Chie.Newsom@countynvadaca.gov	CLPPP 40%, DIS Work Dev 55%
4				
5				
6				
7				
8				
9				
10				
	<i>(Insert additional lines as needed)</i>			



State of California—Health and Human Services Agency
Department of Health Care Services



Child Health and Disability Prevention | Lead Poisoning Prevention

CHDP LPP Budget Summary					
County-City:		Nevada	Fiscal Year:		2022-23
Column		1	2	3	
Category/Line Item		% of FTE towards CHDP-LPP	Annual Salary	Total	
I. Personnel Expense					
	<i>Name</i>	<i>Title</i>			
1	Newsom, Chie	Public Health Nurse	2.5%	\$ 97,537.00	\$ 2,438.43
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
Total Salaries and Wages					\$0.00
Staff Benefits (Specify %)		66%			\$ 1,601.80
I. Total Personnel Expense					\$4,040.23
II. Total Travel Expense					\$0.00
III. Other Expense (Must Separately Itemize all Other Expenses below)					
1	General Office; including supplies, copying and postage				\$47.23
2					\$0.00
3					\$0.00
4					\$0.00
III. Total Other Expense					\$47.23
IV. Budget Grand Total					\$4,087.46

APPROVED

By Char Weiss-Wenzl at 9:04 pm, Aug 31, 2022

CHDP Director/Deputy Director (Print & Sign)

Charlene Weis-Wenzl, CHDP Deputy Director

Date



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services
Child Health and Disability Prevention |
Lead Poisoning Prevention
Budget Narrative



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source		CHDP-CLPP	
County/City Name	NEVADA	Fiscal Year	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Temporay PHN has been removed from last year's budget. PHN will continue to stay at 5%, combining 2.5% CHDP with 2.5% CHDP-CLPP programs. Overall benefit percent will increase with temp removed from budget.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
General office expense totaled \$47.23 which is an increase from FY 21/22, includes general office supplies, duplication and postage.			
Travel:	No travel included for FY 2022-23.		
Training:	No training included for FY 2022-23		
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:	25% Indirect Rate as approved by CDPH. This amount is for department and agency support.		
External:	External indirect will be supported by Pblic Health realignment.		
V. Other Expenses			
Identify and Explain All Other Expense Line Items			

APPROVED

By James Kraywinkel at 5:29 pm, Aug 29, 2022

James Kraywir Accountant 0 ywinkel@nevadaco

APPROVED

By Char Weiss-Wenzl at 6:26 pm, Aug 30, 2022

Sign

Print

Title

Date

Email

Charlene Weiss-Wenzl DPHN 0 iss-Wenzl@nevada

Authorized CHDP Program Representative: Sign Print Title Date Email



State of California—Health and Human Services Agency
Department of Health Care Services



Child Health and Disability Prevention | Lead Poisoning and Prevention

CHDP LPP Budget Summary					
County-City:		Nevada	Fiscal Year:		2022-23
Category/Line Item			CHDP LPP Funds (100% CHDP-LPP)		
I	Total Personnel Expenses		\$4,040		
II	Total Travel Expenses		\$0		
V	Total Other Expenses		\$47		
Budget Grand Total			\$4,087		

Source of Funds		CHDP LPP Funds (100% CHDP-LPP)	
CHDP-LPP Fund Grand Total		\$4,087	

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

APPROVED

By Char Weiss-Wenzl at 9:05 pm, Aug 31, 2022

CHDP Director/Deputy Director (Print & Sign) Charlene Weiss-Wenzl, CHDP Deputy Director Date