

[KINDERGARTEN]

ORAL HEALTH ASSESSMENT Handbook



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

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San Luis Obispo County Public Health Department

Oral Health Program

[KINDERGARTEN] ORAL HEALTH ASSESSMENT Handbook

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I. Introduction: A note from the SLO County Oral Health Program

Dear Oral Health Champion,

Dental caries, tooth decay, and cavities in children are all the same thing; permanent damage to the teeth caused by bacteria in the mouth. In progressed cases, an infection can spread from the tooth to the surrounding soft tissues in the mouth. Dental decay in children is a chronic childhood disease. It is 5 times more common than asthma. In California, 50% of students entering kindergarten have already suffered from early childhood caries (ECC). If decay is left untreated, it can lead to problems with eating, speaking, and learning. Studies show that dental pain is linked to poorer performance in school impacting your students' academic success and overall wellbeing.

Systematically the Oral Health Assessment Requirement helps to:

- **Raise** parents' awareness of the importance of oral health to overall health and readiness to learn.
- **Connect** children with dental professionals who can care for their oral health.
- **Assist in** enrolling children in government benefit programs, such as Medi-Cal.
- **Maximize** existing systems of care for a better and coordinated infrastructure, before creating new ones.
- **Identify** locally specific barriers to care to assist communities in responding to their children's oral health needs.
- **Provide** for further advocacy.



However, decay is preventable if students maintain good oral hygiene practices at home and they receive adequate dental care from a dental office. To help with this, the state of California and 13 other states have dental screening laws (DSL's). While the laws vary from state to state, they function a lot like vision screening and immunization requirements. Before entering school, a child receives a dental screening from a dental professional who completes a form evaluating the child's oral health; this form is then submitted to the school.

*California state law requires **all** children entering public school for the **first time** (at kindergarten or first grade) get an oral health assessment by a dental professional. The Oral Health Assessment requirement, or AB 1433 in legislative terms, has been in effect since January 1, 2007. This requirement, signed into law by the Governor on September*

22, 2006, helps schools and their districts identify children with dental needs and barriers to receiving care. It also helps connect those same children to the appropriate resources. The **purpose** of the oral health assessment requirement is to ensure that school-aged children are ready for school without any oral health issues that would impede their abilities to learn and succeed. For children to be school-ready, they need access to dental care services and to have a **dental home**—a clinic or practice where they are seen twice a year. The Kindergarten Oral Health Assessment (KOHA) is a great way to get parents and guardians to learn about their child’s oral health. **Schools play a critical role in ensuring compliance with this requirement!** This handbook is to assist education sector staff (at district level or school level) in administering the Kindergarten Oral Health Assessment requirement.

To a future of healthy and successful students,

SLO County Oral Health Program

II. Specifics of the legislation: AB 1433 and SB 379

AB 1433



AB 1433 or KOHA is specified in the [California Education Code Section 49452.8](#). AB 1433 asks of public schools to send notification of the assessment requirement to parents or guardians including a **standardized form** that can be used for the assessment. The oral health assessment can be completed as early as 12 months

prior to school starting and as late as May 31st of the first year of school. The assessment, or dental evaluation, can be met in different ways. It can be a complete examination and treatment plan performed by a California licensed dentist. Or it can be a more basic oral health evaluation, such as a dental screening, that can be performed by any California licensed dental professional. The importance here is that the form is completed and submitted to the school by the deadline. If a family does not wish to obtain an oral health assessment for their child based upon personal beliefs, a parent or guardian must sign the waiver portion (Section 3) at the bottom of the “Oral Health Assessment Form” (see Appendix C).

Parents should be encouraged to obtain an oral health assessment for their child. The signing of the waiver should not be used by parents to avoid the important responsibility of obtaining oral health care for their children.

After receiving the completed assessments, the law initially asked schools to send a summary report, as specified, to the local health officer at the county office of education in which the school is located. This requirement was changed in 2017 by Senate Bill 379 described in the next section. Now the schools or school districts can submit to the County Office of Education or to a system designated by the state dental director, or both.

Verbal confirmation of obtaining an oral health assessment for a child by their parent or legal guardian does not constitute acceptable documentation.

SB 379

[SB 379](#), passed in 2017 and effected in 2018, was an amendment to the code changing the deadline of when schools were to send their oral health assessment summary reports to their County Office of Education. AB 1433 previously required school districts to send the oral health assessment summary report by December 31 of each year. SB 379 now requires school districts to instead submit the report to the county office of education or to a system designated by the state dental director, or both, by **July 1** of each year. Also, now the law allows **passive consent** for oral health screenings on school sites. This means, if a school or school district hosts a free oral health event at which a licensed dental professional performs an oral health assessment, students shall receive the oral health assessment unless

The screenshot shows the California Legislative Information website. At the top, there is a navigation bar with links for Home, Bill Information, California Law, Publications, Other Resources, My Subscriptions, and My Favorites. A search bar is also present. The main content area displays the title "SB-379 Pupil health: oral health assessment." (2017-2018) and includes a "Text" tab. The bill's title is "Senate Bill No. 379" and "CHAPTER 772". The subject is "An act to amend Section 49452.8 of the Education Code, relating to pupil health." It was approved by the Governor on October 13, 2017, and filed with the Secretary of State on the same date. The page is from the Legislative Counsel's Digest. A summary of the bill's changes is provided at the bottom.

the parent or legal guardian of the student has opted out.

The California Education Code Section 49452.8 states that all school districts shall submit a report each year to the County Office of Education. The report includes the total number of students who:

- Presented proof of an oral health assessment
- Could not complete an oral health assessment due to financial burden

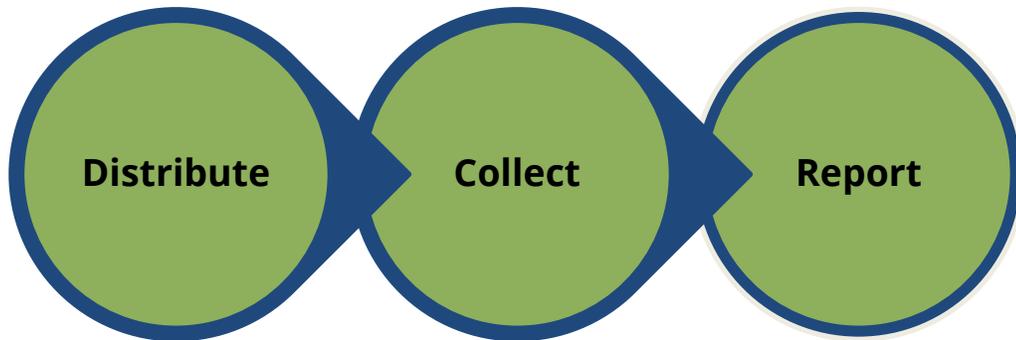
- Could not complete an oral health assessment due to lack of access to a licensed dentist or registered dental health professional
- Did not complete an assessment because their parents or legal guardians did not consent to their child receiving the oral health assessment
- Are assessed and found to have untreated decay, and
- Did not return either the oral health assessment or waiver request to the school.

A parent may obtain an oral health assessment waiver if they cannot find a dental office that takes their child's insurance, cannot afford to pay for the assessment, or chooses not to have their child have an oral health assessment. As a reminder, completion of an oral health assessment only includes students who submitted proof of completing a dental exam. A waiver of the oral health assessment does not count as complying with the requirement.

The oral health assessment, when given at kindergarten or first grade entry, detects problems that may interfere with learning. Early identification and treatment of oral health problems are important to help a child reach his/her full development potential.



III. A school's responsibility: Distribute, Collect & Report



Distribute

The law requires schools to **distribute** the Oral Health Assessment Form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. Distribution opportunities include enrollment days, kindergarten orientation/kinder roundups, and back-to-school nights. In an effort to meet this requirement, schools are encouraged to create an oral health assessment packet that may include the following:

1. Informational flyer/cover letter on the oral health assessment requirement (see Appendix A1-A2)
2. Oral Health Assessment Form (see Appendix A3-A4), and any
3. Additional informational flyers that can help families understand the importance of the oral health assessment requirement

The State-approved oral health assessment form is available in languages other than English and Spanish online at California Dept. of Education [website](#).

Schools have the vital role of **communicating the importance** of the oral health assessment requirement **to parents** and of being guardians of the information collected and reported. All reasonable efforts to encourage parents to seek a dental check-up for their child and to return the form, regardless of whether or not the evaluation was completed, are essential to fulfilling the intent of the legislation.

Beyond the requirements of the law, schools have historically played an important role in ensuring children are healthy and ready to learn. As barriers to oral health care are identified for your school's children, sharing the data with school board members, parent-teacher organizations, community organizations, your local dental society and local public health agencies, will assist in the development of partnerships and strategies to build capacity to meet those needs.

COMMUNICATING THE IMPORTANCE OF ORAL HEALTH TO PARENTS

What are parents/guardians expected to do once they receive the Oral Health Assessment Form?	What if a child does not have a regular source of dental care or his/her family cannot afford an oral health assessment?	What if a parent/guardian is unable to get an oral health assessment for their child?
<p>Once parents/guardians receive the Oral Health Assessment Form, they should call and schedule an appointment for an exam if their child has not received a dental exam within the last 12 months. If their child has seen a dentist within the last 12 months, the parent/guardian should call the dentist's office and ask what must be done for the dentist to complete the required form based on the child's last regular exam. If the child has seen a dentist within the last 12 months but cannot get the dentist to fill out the required form, the parent should at least submit some type of documentation that the child has completed a dental exam (i.e. dental visit treatment form from the dentist's office that includes the same information as the Oral Health Assessment Form).</p>	<p>All children should obtain the oral health assessment from their regular source of dental care. However, if a child does not have a regular source of dental care or if his/her family cannot afford an oral health assessment, the following are options for completing the oral health assessment:</p> <ul style="list-style-type: none"> • Refer families with low incomes to the SLO County Department of Social Services (DSS) offices in their respective jurisdictions. The SLO County Department of Social Services can help families apply for Medi-Cal which they can use to access dental services. Below is a list of the DSS offices throughout the county. You can find more information on the DSS locations here. • Provide the child's family with a list of dentists in their area. Both the San Luis Obispo County Oral Health Program and the Child Health and Disability Prevention Program (CHDP) maintain a list of Medi-Cal dental providers in the area. • Call the San Luis Obispo County Oral Health Program at 805-781-5564 to schedule an oral health assessment. The Oral Health Program has a RDH that can help parents complete the requirement if needed. 	<p>The law recognizes that it may not be possible to get the required dental check-up for a child. On rare occasions, a parent/guardian may have their child excused from the requirement by filling out the bottom portion of the Oral Health Assessment Form. To waive the assessment, the parent/guardian must identify on the form what prevented them from getting the dental check-up for the child (i.e. I am unable to find a dental office that will take my child's dental insurance plan, or I cannot afford a dental check-up, etc.). This information is very important and must be included. The waiver request must be submitted by May 31 of the school year.</p>

Collect & Report

Schools and school districts each play a unique role in oral health assessment data submission. Below is a brief overview with a timeline of the process for **collecting** and **reporting** oral health data. Schools must **collect** the Oral Health Assessment Forms by May 31 of the school year and are responsible for reporting totals to their district. Schools or school districts can use the Oral Health Assessment Summary Report Spreadsheet to tally their Oral Health Assessment data. The district should then send the data to their County Office of Education by July 1 to be reported to SCOHR (System for California Oral Health Reporting) or if school/school districts have a protocol in place that is working for them, they can report their data directly to SCOHR.

SCOHR

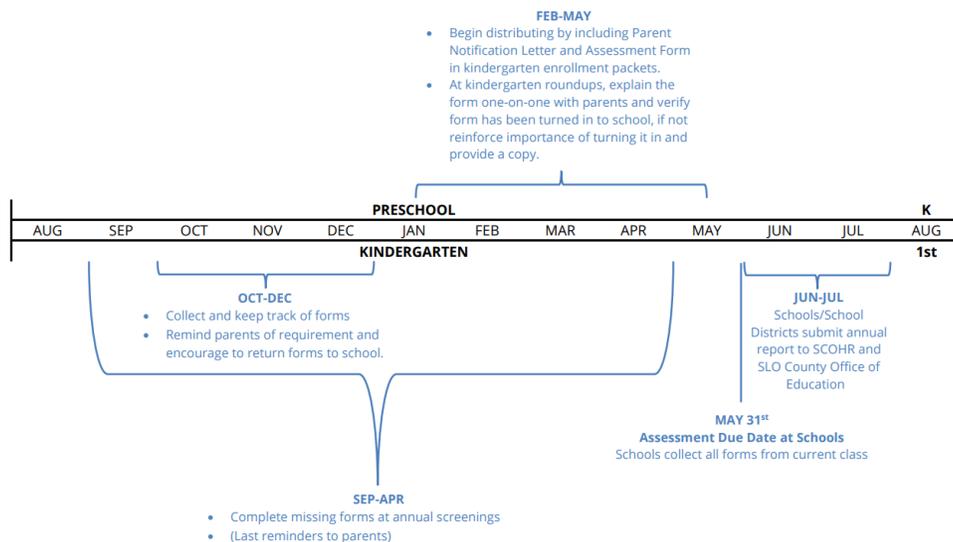
SCOHR (System for California Oral Health Reporting) is a centralized online reporting portal/database. SCOHR is the designated platform for the KOHA forms. Schools and districts can input, manage, and track oral health assessment data. There are two types of accounts available for this purpose. “Participating” schools enter the required data from the Oral Health Assessment form plus demographic information found in Section 1. This gives the participating school the capacity to track the status of forms, upload bulk data, print pre-filled forms, run reports, and more. “Non-Participating” schools have the option of inputting only Sections 2 and 3 of the Oral Health Assessment Form. For more SCOHR information or to create an account, visit www.ab1433.org. For any questions or troubleshooting help in SCOHR you can contact them at the following number and/or email: (866) 762-9170 or scohr@sjcoe.net. SCOHR has also created a training video, but it has not yet been released. Stay tuned and once it is ready, we will make sure to share that with you.

At a minimum, schools and districts must gather and report the required data. This process is described below.

<p>Schools- Schools are responsible for collecting each student's Oral Health Assessment Form or signed waiver by May 31.</p>	<p>Districts- School districts are responsible to ensure all data from each school in their district is entered into SCOHR.</p>
<p>Option 1: Participating Schools Enter data from Oral Health Assessment Form - Sections 1, 2, and 3</p> <ul style="list-style-type: none"> Enter all data directly into SCOHR by July 1. <p>Option 2: Non-Participating Schools Enter data from Oral Health Assessment Form - Section 2 and 3 only</p> <ul style="list-style-type: none"> Enter Section 2 and 3 data directly into SCOHR by July 1 OR Complete an Oral Health Assessment Summary Report Form (example in Appendix D) and submit to district by last day of school. 	<p>Enter data from each school into SCOHR if schools have not done so:</p> <ul style="list-style-type: none"> Obtain Oral Health Data Worksheet from each school by last day of school. Enter data directly into SCOHR by July 1 (see Schools - Options 1 and 2 above).

[Kindergarten] Oral Health Assessment Timeline

Schools and school districts each play a unique role in oral health assessment data submission.



Oral Health Assessment Summary Report Spreadsheet

The following information needs to be included in the school report in a CSV (.csv) excel file. See next page for a sample.

Number of:

- **Total_Eligible:** The total number of students at the school eligible for the assessment.
- **Total_PoA:** The total number of students presenting proof of an assessment.
- **Waived_FB:** The total number of students that presented a waiver for the purpose of financial burden.
- **Waived_ND/Waived_LA:** The total number of students that presented a waiver for lack of access to a doctor.
- **Waived_NC:** The total number of students that presented a waiver for reasons of non-consent by parents.
- **Assessed_UD:** The total number of students that were found to have untreated decay.
- **Not_Returned:** The total number of students that did not return either proof of an assessment or a waiver to the school.
- **Total_CE:** The total number of students that were found to have had caries experience.
- **CDS_Code:** The county/district/school code of the school.

On the next page you will see an example of the oral health assessment report spreadsheet and what areas from the form go in each column.

CDS_Code	Total_Eligible	Total_PoA	Waived_FB	Waived_ND/Waived_LA	Waived_NC	Assessed_UD/Untrtd Decay	Not_Returned/Not Retnd

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<p>_____</p> <p><i>Licensed Dental Professional Signature</i> <i>CA License Number</i> <i>Date</i></p>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:
 - Medi-Cal/Denti-Cal
 - Healthy Families
 - Healthy Kids
 - Other
 - None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian *Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school **no later than May 31** of your child's first school year.
 Original to be kept in child's school record.

IV. Closing Remarks from the County Oral Health Program

Thank you, Oral Health Champion,

Without your hard work in our schools, especially during these hard times, many more children would go without dental care treatment. Please remember that the kindergarten oral health assessment is part of California's educational code. The County Oral Health Program is here to help with meeting this requirement. If you have any additional questions regarding this handbook or the requirement, please contact us at:

805-781-5564 or ha.oral-health.team@co.slo.ca.us

Appendix A1
Oral Health Notification Letter
(to accompany Oral Health Assessment/Waiver Request Form)

(USE DISTRICT LETTERHEAD AND COMPLETE APPROPRIATE SECTIONS)

Dear Parent or Guardian:

To make sure your child is ready for school, California law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at [County of San Luis Obispo Social Services](#).
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local oral health program at the public health department at 805-781-5564.

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact (fill in name of district personnel or office responsible for the program, telephone number and/or e-mail address).

Sincerely,

District Superintendent

Attachment

Appendix A2
Oral Health Notification Letter (SPANISH)
(to accompany Oral Health Assessment/Waiver Request Form)

(USE DISTRICT LETTERHEAD AND COMPLETE APPROPRIATE SECTIONS)

Estimado Padre, Madre o Tutor:

Para asegurarse de que su hijo esté listo para la escuela, el estado de California, de acuerdo a la Sección 49452.8 del Código de Educación de la Ley estatal, ahora requiere un chequeo dental para su hijo antes del 31 de mayo en el caso de que curse su primer año en una escuela pública, ya sea primer año o kindergarten. Los chequeos dentales que se hayan realizado dentro del período de 12 meses previo al inicio del año escolar también son válidos. La ley especifica que la evaluación debe ser realizada por un profesional de salud dental registrado o con licencia.

Lleve la forma aquí incluida (Oral Health Assessment/Waiver Request) al consultorio dental, ya que será necesaria para la evaluación del niño. Si no puede llevar a su hijo a un chequeo dental, por favor indique la razón en la Sección 3 de esa forma. Puede obtener más copias de la forma en la escuela de su hijo en la página Web del Departamento de Educación de California <http://www.cde.ca.gov/ls/he/hn>. La ley de California requiere que las escuelas mantengan la privacidad de la información de salud de sus estudiantes. La identidad de su hijo no estará señalada en ningún reporte que sea producto de este requisito.

Estos son algunos recursos para ayudarle a encontrar un dentista y completar este requisito para su hijo:

1. Medi-Cal/Denti-Cal, su número telefónico gratuito y su página Web pueden ayudarle a encontrar a un dentista que acepte Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. Para registrar a su hijo en Medi-Cal/Denti-Cal, contacte a la agencia local de servicios sociales en el siguiente sitio de [web](#).
2. Healthy Families, su número telefónico gratuito y su página Web pueden ayudarle a encontrar a un dentista que acepte el seguro Healthy Families o para registrar a su hijo en el programa llame a: 1-800-880-5305 o visite la página <http://www.benefitscal.com/>.
3. Para recursos adicionales que puedan ser de ayuda, contacte al programa de salud bucal en el departamento local de salud pública al 805-781-5564.

¡Recuerde, su hijo no está saludable ni listo para la escuela si tiene una mala salud dental! Aquí hay algunos consejos importantes para ayudar a que su hijo se mantenga saludable:

- Lleve a sus hijos al dentista dos veces al año.
- Escoja alimentos saludables para toda la familia. Los alimentos frescos son normalmente los más saludables.
- Haga que sus hijos se cepillen los dientes por lo menos dos veces al día con una pasta de dientes que contenga fluoruro.
- Limite las sodas y los dulces.
 - Las sodas y los dulces contienen mucho azúcar, que causa las caries y reemplaza importantes nutrientes en la dieta de sus hijos. Las sodas y los dulces también contribuyen a los problemas de peso, que pueden dar pie a otras enfermedades, como la diabetes. ¡Entre menos dulces y sodas, mejor!

Los dientes de leche son muy importantes. No se trata sólo de dientes que eventualmente se caerán. Los niños necesitan esos dientes para comer de manera apropiada, hablar, sonreír y para sentirse bien con ellos mismos. Los niños que tienen caries pueden tener dificultades para comer, pueden dejar de sonreír y dejar de poner atención y de aprender en la escuela. El deterioro dental es una infección que no sana y que puede ser dolorosa cuando se deja sin tratamiento. Si las caries no son atendidas, los niños pueden enfermarse al grado de requerir atención médica de emergencia y sus dientes adultos pueden presentar un daño permanente.

Hay muchas cosas que influyen en el progreso y éxito de los niños en la escuela, entre ellas está la salud. Los niños deben de estar saludables para aprender y los niños con caries no son niños saludables. ¡Las caries son prevenibles, pero afectan a los niños en mayor medida que cualquier otra enfermedad crónica!

Si tiene preguntas sobre el nuevo requisito de chequeo dental de las escuelas, por favor llame a <fill in name, telephone number, and e-mail address of district personnel or office responsible for the program.>

Atentamente,

Oral Health Assessment Form

California law (*Education Code Section 49452.8*) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within their scope of practice must perform the check-up and fill out Section 2 of this form. **If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2.** If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	<u>Caries Experience</u> (fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <i>Licensed Dental Professional Signature</i>			_____ <i>CA License Number</i>
_____ <i>PRINTED Provider Name/Clinic Name</i>			_____ <i>Phone #</i>
			_____ <i>Date</i>
			_____ <i>Fax #</i>

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Other reasons my child did not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.

Original to be kept in child's school record.

Formulario de Evaluación de Salud Dental

La Ley de California (Código de Educación Sección 49452.8) establece que tu hijo (a) debe de tener una evaluación dental antes del 31 de mayo de su primer año en la escuela pública. Un profesional con licencia en salud dental debe de realizar dicha evaluación y llenar la sección 2 de este formulario. Si tu hijo (a) ha tenido una evaluación dental en los 12 meses previos al inicio de su año escolar, pide a tu dentista que llene la sección 2 de este formulario. Si no puedes cumplir con la evaluación dental para tu hijo (a), llena la sección 3.

Sección 1: Información del niño (a) (Debe ser llenada por uno de los padres o tutores)

Primer nombre del niño (a):	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento del niño (a):
Domicilio:			Departamento.:
Ciudad:			Código Postal:
Nombre de la escuela:	Maestro (a):	Grado:	Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre o tutor:	Raza u origen étnico del niño (a): <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afro-americano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Americano Nativo <input type="checkbox"/> Multi-racial <input type="checkbox"/> Otro _____ <input type="checkbox"/> Nativo de Hawai o Islas del Pacífico <input type="checkbox"/> Desconocido		

Sección 2: To be filled out by a California licensed dental professional (Recolección de información de salud dental (Debe ser llenado por un profesional de salud dental con licencia de California))

IMPORTANT NOTE (NOTA IMPORTANTE): Consider each box separately. Mark each box. (Considera cada pregunta de forma separada. Marca tu respuesta en el espacio correspondiente.)

Assessment Date: (Fecha de la evaluación)	Caries Experience (fillings present): (Experiencia con Caries (amalgamas presentes)) <input type="checkbox"/> Yes (sí) <input type="checkbox"/> No	Visible Decay Present: (Daño visible presente) <input type="checkbox"/> Yes (sí) <input type="checkbox"/> No	Treatment Urgency: (Urgencia del tratamiento) <input type="checkbox"/> No obvious problem found (No se encontraron problemas obvios) <input type="checkbox"/> Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) (Se recomienda atención dental pronta) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) (ecesita atención urgente)
Firma del profesional dental con licencia			Número de licencia de California
Fecha			
Imprima el nombre del Proveedor / Oficina		Número de Teléfono	Número de Fax

Sección 3: Excusa para el requerimiento de evaluación dental**Debe ser llenada por un padre o tutor que soliciten excusa de este requerimiento**

Por favor excusa a mi hijo (a) de la evaluación dental debido a: (Marca el espacio que mejor describe la razón)

- No pude encontrar un consultorio dental que acepte el plan de seguro de mi hijo (a).
El plan de seguro dental de mi hijo es:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Otro _____ Ninguno
- No me alcanza para pagar por la evaluación dental de mi hijo (a).
- No quiero que mi hijo (a) reciba una evaluación dental.
- Otras razones por las cuales mi hijo (a) no puede recibir una evaluación dental: _____

Si pides una excusa de este requerimiento: ► _____

Firma del padre o tutor

Fecha

La ley establece que las escuelas deben de mantener en privado la información de salud de los estudiantes. El nombre de tu hijo (a) no será parte de ningún reporte como resultado de esta ley. Esta información sólo puede ser usada para propósitos relacionados con la salud de tu hijo (a). Si tienes preguntas por favor llama a tu escuela.

Regresa esta forma a la escuela antes del 31 de mayo del primer año escolar de tu hijo (a).

El original debe de ser incluido en el archivo escolar de tu hijo(a).

**Oral Health Assessment Summary Report Spreadsheet
School Year**

CDS Code:	School District:	Superintendent:
Address:		Zip code:
Lead Nurse:		Office Phone:
Email:		

	1	2	3	4	5	6	7	8	9
Grades									
K									
1st									
Totals:									

Signature of Individual Completing Form	Title	Date
Print Name		

NOTES:

Start the new year off right!



Children with healthy teeth do better in school!



Children with healthy teeth miss fewer school days!

-Get a dental check-up-

*Call the San Luis Obispo Oral Health Program at 805-781-5564 if you need help finding a dental care provider near you. Or if you have Medi-Cal, you can call the Smile California Telephone Service Center at 1-800-322-6384.

Healthy smiles, Healthy Children!

¡Empiece el año nuevo bien!



¡Los niños con dientes saludables les va mejor en la escuela!



¡Los niños con dientes saludables faltan menos días a la escuela!

-Obtenga un chequeo dental-

*Llame al Programa de Salud Bucal del Condado de San Luis Obispo al 805-781-5564 si necesita ayuda encontrar un proveedor dental cerca de usted. O si tiene Medi-Cal, también puede llamar al Centro de Servicios Telefónicos de Sonríe California al 1-800-322-6384.

¡Sourisas saludables, niños saludables!

What is the Kindergarten Oral Health Assessment (KOHA) requirement?

It is a California state law that requires **all** kindergarteners in public schools to receive an oral health assessment by a licensed dentist or other registered dental health professional and submit proof of that assessment to their school before the student goes to first grade.

How does it work?

Parents receive KOHA form from child's school and complete SECTION 1. Parents then take the form to the child's next dentist appointment and have the dental office complete SECTION 2. **IF** the parent is unable to find a dental office due to insurance coverage, financial burden, or lack of access, the parent must complete SECTION 3. Once SECTION 1 and SECTION 2 or SECTION 3 are completed, the parent must return the form to the child's school.

Why should I complete it?

Tooth decay is the most chronic yet preventable health problem among children in California. If left untreated, tooth decay can affect the children's academic performance. The information collected through this form helps identify children who may need dental care. It helps the school and other programs track progress in respect to children's oral health. Your

child's personal information, such as name and address will not be part of any report. The information gathered through the form may only be used for purposes related to your child's health.

Where do I return the form?

You should return the form to your child's school front office.

When should I return the form?

The sooner you return the form to your child's school the better. However, you do have until May 31st of their first academic year to return it.

Where can I get a form if I have lost it?

You can get a copy of the form at your child's school front office, their website (if it is available), your dentist office, or the County of San Luis Obispo Oral Health Program website.

My child does not have a dentist, who can I contact to get help finding one?

You can contact your child's school nurse or the County San Luis Obispo Oral Health Program at 805-781-5564 or at PH.Oral-Health.Team@co.slo.ca.us.

¿Qué es el formulario de evaluación de la salud bucal?

El formulario de evaluación de la salud bucal es una ley estatal en California que requiere que todos los niños en kínder reciban una evaluación oral de un dentista u otro profesional dental registrado. La ley requiere que se regresen pruebas de esta evaluación a la escuela de sus hijos antes de que pasen/entren a primer año.

¿Cómo funciona el formulario?

Los padres reciben el formulario de la escuela del niño/a y llenan la primera sección (*Sección 1*). Los padres llevan el formulario a la próxima cita con el dentista y la oficina dental llena la segunda sección (*Sección 2*). Si no puede llenar la *Sección 2* por falta de acceso a un dentista, seguro médico, o por razón financiera tendrá que completar la tercera sección (*Sección 3*). Ya estando las secciones 1, 2 o 3 completadas por favor regrese el formulario a la escuela.

¿Por qué debo de completar el formulario?

Las caries son un problema crónico pero prevenible entre los niños de California. Si no se tratan, las caries pueden hasta afectar el desempeño académico de un niño. Así que la información que se colecte en este formulario ayuda a identificar a niños que necesiten cuidado dental. La información de su hijo en este formulario, como su nombre y domicilio no serán parte de ningún reporte. La información solamente será usada para

propósitos relacionados con la salud de su hijo/a. Este tipo de información ayuda a guiar los esfuerzos de programación de salud bucal en la comunidad.

¿Dónde regreso el formulario?

Regrese el formulario a la oficina de la escuela de su hijo/a.

¿Cuándo regreso el formulario?

Lo más pronto que pueda mejor, pero si tiene hasta mayo 31 del primer año académico para regresarlo a la escuela.

¿Dónde puedo agarrar un formulario si lo he perdido?

Si a perdido el formulario, puede recibir otra copia en la escuela de su hijo/a, el sitio de web de la escuela (solo si lo es disponible), la oficina dental de su hijo/a, o también en el sitio de web del Programa de Salud Bucal del Condado de San Luis Obispo.

Mi hijo/a no tiene un dentista, ¿quién me puede ayudar a encontrar uno?

Si necesita ayuda encontrando un dentista para su hijo/a, puede contactar a la enfermera de la escuela o al Programa de Salud Bucal del Condado de San Luis Obispo al 805-781-5564 o a PH.Oral-Health.Team@co.slo.ca.us.

[Kindergarten] Oral Health Assessment Working Timeline Checklist

FEBRUARY

- Begin distribution of **Oral Health Assessment** forms in kindergarten enrollment packets

AUGUST-MAY

- Send reminders and continue collecting completed **Oral Health Assessment** forms.

**SEPTEMBER-
APRIL**

- If available, complete missing **Oral Health Assessment** at annual dental screening.

MAY 31st

- All **Oral Health Assessment** forms need to be completed and returned to school

JUNE

- Compile **Oral Health Assessment** data report

JULY 1st

- Submit compiled **Oral Health Assessment** data report to SCOHR or SLO County Office of Education