

Tuolumne County Kindergarten Oral Health Assessment Handbook 2020-2022



Tuolumne County Local Oral Health Program

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Kindergarten Oral Health Assessment

I. Purpose

In 2005, California legislators voted to create the Kindergarten Oral Health Assessment (KOHA). This law requires that students receive a dental check up by May 31st of their first year of school. The goal of this legislation is to ensure that children receive the oral health care they need so they are ready for school. The Kindergarten Oral Health Assessment is also a way to help families establish good oral health habits, by visiting the dentist and learning about their oral health.

This handbook was created to assist parents and school staff in the administration of the Kindergarten Oral Health Assessment (KOHA) requirements.

II. Importance of Oral Health

There are many factors that can influence a child's performance and success in school, one of the most important factors is their health. A child's oral health has an impact on their ability to eat, speak, express themselves and thrive in social situations. Poor oral health in children can lead to dental decay and when left untreated can progress into painful infections or abscesses. This can impact a child's ability to focus and be engaged in the classroom, and in some cases may lead to absenteeism from school.

III. School-Based Oral Health Services

School-based oral health services are provided to Tuolumne County students through collaborative partnerships with the goal of improving access to oral health services. Services provided include oral health screenings and preventative services such as the application of fluoride varnish and sealants. School services also include care coordination to assist students and their families with dental referrals and finding a dental home. The school-based programs may also assist with screening services necessary for the completion of the Kindergarten Oral Health Assessment (KOHA).

Oral Health Facts

- Tooth decay (dental caries) affects children in the US more than any other chronic infectious disease.
- In California, *2 out of 3* children have experienced tooth decay (dental caries) by the time they reach 3rd grade.
- Children who experience tooth decay in their primary (baby) teeth are more likely to experience tooth decay in their permanent (adult) teeth.
- In extreme cases, tooth decay can impact a child's ability to eat and speak properly.

IV. Information for Parents

Completing the Kindergarten Oral Health Assessment Form

- If a child has not received a dental exam in the last 12 months, the parent/guardian should schedule a dental exam and ask the dental provider to complete the form at the time of the appointment.
- If a child has received a dental exam in the last 12 months, the parent/guardian should ask the dental provider who performed the exam, to complete the form.
 - If a child has received a dental exam in the last 12 months but is unable to have a dental provider complete the form, the parent/guardian may submit documentation from the exam (dental visit treatment form that includes information similar to the Oral Health Assessment Form).

Providers and Dental Coverage

The Tuolumne County Local Oral Health Program provides assistance to community members, including children and families, in finding dental care and coverage. A list of local providers can be found on the [Local Oral Health Program website](#).

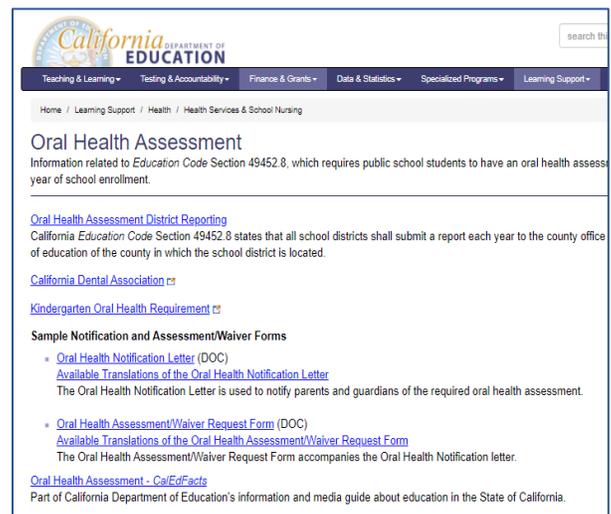
For questions about dental providers or dental coverage, contact the Public Health Department at (209) 533-7401.

Waivers for the Kindergarten Oral Health Assessment

Exceptions can be made in the event that a parent or guardian is unable to get their child the required oral health assessment. To waive the assessment, a parent or guardian must complete Section 3 of the KOHA form indicating the reason for the waiver. The information must be completed and submitted to the child's school by May 31st of their first school year. A waiver should not be used to avoid the responsibility of obtaining dental health care services.

V. Information for Schools

California law requires that schools distribute the Kindergarten Oral Health Assessment (KOHA) form to parents or guardians who are registering a child in public school for the first time. This includes children in kindergarten or first grade. The form may be shared at the time of enrollment and orientation. Schools can download copies of the most up-to-date KOHA form on the [California Department of Education website](#).



The screenshot shows the California Department of Education website page for Oral Health Assessment. The page includes a search bar, navigation tabs for Teaching & Learning, Testing & Accountability, Finance & Grants, Data & Statistics, Specialized Programs, and Learning Support. The main content area is titled "Oral Health Assessment" and provides information related to Education Code Section 49452.8, which requires public school students to have an oral health assessment year of school enrollment. It lists links for "Oral Health Assessment District Reporting", "California Dental Association", and "Kindergarten Oral Health Requirement". Under "Sample Notification and Assessment/Waiver Forms", it lists "Oral Health Notification Letter (DOC)", "Available Translations of the Oral Health Notification Letter", and "Oral Health Assessment/Waiver Request Form (DOC)", with a note that the Oral Health Assessment/Waiver Request Form accompanies the Oral Health Notification letter. At the bottom, there is a link for "Oral Health Assessment - CalEdFacts" and a note that it is part of the California Department of Education's information and media guide about education in the State of California.

California Education Requirements

In 2005, the signing of AB 1433 established the requirement for California Education Code Section 49452.8. The requirement states schools and districts are responsible for submitting data related to the oral health assessment. Data includes, but is not limited to:

- Total number of students in the school district, by school, who are subject to the oral health assessment requirements (students entering their first year of public school).
- Total number of students who submit assessment information.
- Total number of students who did not complete the assessment due to financial burden.
- Total number of students who did not/could not complete an assessment due to lack of access to a licensed dentist or other licensed dental health professional.
- Total number of students who did not/could not complete an assessment due to their parent or guardian not consenting to the child receiving the assessment.
- Total number of students assessed and found to have untreated decay.
- Total number of students who did not return the assessment form.
- Total number of students who had experience with dental caries.

VI. Oral Health Legislation

AB 1433

The goal of AB 1433 is to address dental disease and help families establish a dental home. Legislation requires schools to notify parents/guardians about the assessment requirement and distribute oral health education materials. Schools are required to collect assessment documents by May 31 of the school year and must report data to their County Office of Education by July 1 of each year. More information can be found at the California Legislative website under [AB 1433](#).

SB 379

In 2017, California passed SB 379, requiring school districts to submit oral health assessment data to the County Office of Education or a state system designated by the state dental director. The bill also allows schools to provide oral health assessments with passive consent. If a school or school district provides a free oral health assessment performed by a licensed dental professional, students shall receive the oral health assessment unless the parent/guardian of the student opts out. More information can be found at the California Legislative website under [SB 379](#).

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 his 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:	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)
_____ Licensed Dental Professional Signature			_____ CA License Number
			_____ Date

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.

Sample 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 (fill in appropriate local contact information, available at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.)
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 public health department at (fill in appropriate local contact information, available at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

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

Oral Health Assessment Data Reporting Form

Reporting School Year _____

AB 1433 requires children entering public schools for the first time to receive an oral health assessment. Parents/guardians must be provided the oral health assessment form and provide proof that their child has received an oral health assessment. Schools are required to submit oral health assessment data to the County Office of Education by **May 31st of each school year**.

DATE:		SCHOOL DISTRICT:				SCHOOL:			
OFFICE NUMBER:		PERSON COMPLETING FORM/JOB TITLE:				EMAIL ADDRESS:			
Grade	A	B	C	D	E	F	G	H	I
	Total # of students at the school eligible for the assessment	Total # of students preventing proof of an assessment	Total # of students that presented a waiver for due to financial burden	Total # of students that presented a waiver due to lack of access to a doctor	Total # of students that presented a waiver for reasons of non-consent by parents/guardian	Total # of students that did not return proof of assessment or a waiver	Total # of students that were found to have untreated decay	Total # of students that were found to have caries experience	Total # of students that needed urgent care
Kindergarten									
First Grade <small>(Did not attend public school for Kindergarten)</small>									
TOTAL									

Data may be submitted electronically to the System for California Oral Health Reporting (SCOHR).
To Access the SCOHR site, visit: <https://www.ab1433.org/>

Oral Health Assessment Data Reporting Form Reference

Column A: Total number of students enrolled in Kindergarten and total number of students enrolled in First Grade who did not attend public school for Kindergarten (first time enrollees) in your school/district.

Column B: Total number of students who have completed Section Two of the KOHA form OR provided proof of assessment.

Column C: Total number of students who marked “I cannot afford a dental check-up for my child” in Section Three of the KOHA form.

Column D: Total number of students who marked “I am unable to find a dental office that will take my child’s dental insurance plan” in Section Three of the KOHA form.

Column E: Total number of students who marked “I do not want my child to receive a dental check-up” in Section Three of the KOHA form.

Column F: Total number of students who did not return the form or waiver.

Column G: Total number of forms returned with “Visible Decay Present: YES” marked in Section Two.

Column H: Total number of forms returned with “Caries Experience (Visible decay and/or fillings present): YES” marked in Section Two.

Column I: Total number of forms returned with “Treatment Urgency: URGENT CARE NEEDED” marked in Section Two.

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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 his 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:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes H <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes G <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found I <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)
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Licensed Dental Professional Signature CA License Number Date

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)

D 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

C I cannot afford a dental check-up for my child.

E 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.



The Tuolumne County Local Oral Health Program is funded by the California Department of Public Health under contract number 17-10737