



Humboldt County Kindergarten Oral Health Assessment Handbook



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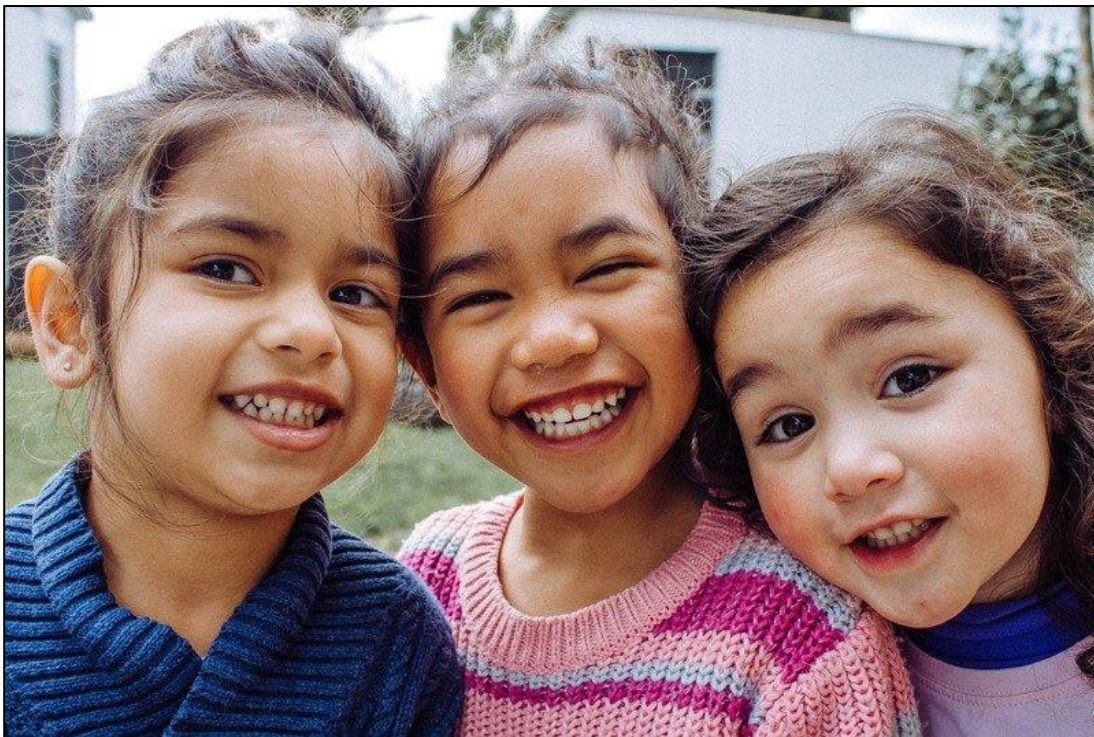
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Kindergarten Oral Health Assessment

Purpose:

California law requires that students have a dental checkup by May 31st of their first year of school. The intention is for students to get the oral health care that they need to be healthy and ready for school. The Kindergarten Oral Health Assessment (KOHA) is a wonderful way to get parents and guardians to learn about their child's oral health. This handbook is to assist school staff in administering the Kindergarten Oral Health Assessment requirement. Thanks to the Humboldt County Office of Education (HCOE), school districts only need to gather the data and fill out the KOHA Reporting Form, and HCOE will do the reporting to the California Department of Education.

Impact:

By third grade, two-thirds of children in California have been affected by tooth decay. The good news is that tooth decay is preventable. Unfortunately, it is also a progressive infection does not heal without treatment. When left untreated, dental decay can progress to infections, abscesses, fever and pain.

Adult teeth may be permanently damaged. The intention of the KOHA is to provide data to support oral health advocacy in Humboldt County, identify barriers to care to assist families, connect families to dental professionals and raise awareness about the relationship between oral health and overall health, and readiness to learn.



Children’s Oral Health

Oral health can influence a child’s performance and success in school. The American Academy of Pediatrics states that dental decay is the number one chronic disease affecting young children. Children need healthy teeth in order to eat, speak, smile, feel confident and do well in school. Schools play an important role in communicating the importance of oral health to parents and in collecting oral health data to fulfill the intent of the legislation. In addition, sharing local oral health data with school board members, parent-teacher organizations, community organizations, local dental societies and public health agencies will assist in the development of partnerships and strategies to meet community needs.

School-Based Oral Health Program

School-based oral health programs such as those offered by Smile Humboldt, Redwood Community Action Agency, Open Door Community Health Center and Redwoods Rural Community Health Center, are examples of collaborative partnerships formed to improve access to preventive oral health services in Humboldt County. Services provided by school-based programs range from oral health screenings and application of fluoride varnish to dental cleanings, and sealants offered either in a dental van or elsewhere on the school site. All current school-based oral health programs in Humboldt County offer care-coordination services to Medi-cal eligible families to assist them in accessing dental care services for their children. Some of these programs assist schools by offering the screening services necessary for completion of the Kindergarten Oral Health Assessment Form.



California Education Code

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 should include:

- The total number of pupils in the district, by school, who are subject to the oral health assessment requirement (i.e. the number of kindergarten students plus the number of first grade students who did not attend public school kindergarten).
- The total number of pupils who present proof of an assessment.
- The total number of pupils who could not complete an assessment due to financial burden.
- The total number of pupils who could not complete an assessment due to lack of access to a licensed dentist or other licensed dental health professional.
- The total number of pupils who could not complete an assessment because their parents or legal guardians did not consent to their child receiving the assessment.
- The total number of pupils assessed and found to have untreated decay.
- The total number of pupils who did not return either the assessment form or the waiver request to the school.
- The total number of pupils assessed and found to have caries experience.

Oral Health Assessment Legislation- AB 1433 and SB 379

California signed into law the Oral Health Assessment requirement (AB 1433) in 2005 as a way for schools to help children stay healthy. AB 1433 requires that children entering public school for the first time (at kindergarten or first grade) have an oral health assessment performed by a licensed dentist or registered dental hygienist within 12 months or by **May 31** of the child's first year in public school. The ultimate goal of the legislation is to connect children with a primary care dentist. For more information on AB 1433, visit bit.ly/ab-1433. SB 379, passed in 2017, requires school districts to submit a 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. Additionally, SB 379 allows schools to provide free oral health assessments at school sites via passive consent. This means, if a school or school district hosts a free oral health event where a licensed dental professional performs an oral health assessment, students shall receive the oral health assessment unless the parent or legal guardian of the student opts out. With passive consent, schools are able to assess a greater number of children and refer children that need dental care to a dentist. SB 379 also requires that school districts include data for the number of assessed children found to have dental caries experience (see below). For more information on SB 379, visit bit.ly/sb-379.

Distributing the Forms

The law requires schools to distribute the KOHA forms to parents who are registering their child in public school for the first time, in either kindergarten or first grade. An Oral Health Notification/Parent Letter explains the requirement must accompany the Oral Health Assessment Form and both should be distributed to parents by the first month of the school year. Distribution opportunities include enrollment days, kindergarten orientation, and back-to-school nights. Schools can download the Oral Health Assessment Form and the Oral Health Notification/Parent Letter (English and Spanish versions) at <https://oralhealthsupport.ucsf.edu/kindergarten-oral-health-assessment>

Translation Note to Local Educational Agencies (LEAs)

As a form of assistance to LEAs, the California Department of Education (CDE) offers form translations free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modification, including the addition of local contact information or local data, or modification in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translations, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.

Information for Parents

- If the child has not received a dental exam within the last 12 months, parents/guardians should schedule a dental exam with their regular dentist.
- If the child has seen a dentist within the last 12 months, the parent/guardian should ask the dentist's office 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 submit 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).
- 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.

Oral Health Notification / Parent Letter

(USE DISTRICT LETTERHEAD AND COMPLETE APPROPRIATE SECTIONS)

Dear Parent or Guardian:

To make sure your child is ready for school, California law 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. A licensed dentist or other licensed or registered dental health professional needs to perform the assessment. If your child has had an assessment within 12 months of entering school, that assessment will meet this requirement. Schools must receive a signed copy of the required form by May 31st.

If you have a dental provider:

- Take the attached Oral Health Assessment form to the dental office to be completed at the time of your child's check-up. If you do not have a dental provider, the following resources will help you find a dentist:
- Child Health & Disability Prevention Program (CHDP) (916) 875-7151
<https://www.dhcs.ca.gov/services/chdp/Pages/default.aspx>.
- Medi-Cal Dental (800) 322-6384 [wwwsmileca.org](http://www.smileca.org)
- Humboldt County Oral Health Program (707) 476-4924 <http://smilehumboldt.com/>

If you are unable to take your child for this required assessment, please indicate the reason in Section 3 of the form and return the form to your child's school. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced because of this requirement.

Remember, children must be healthy to learn, and children with cavities are not healthy. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities and/or pain 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 may become sick enough to require emergency room treatment and their adult teeth could become permanently damaged.

Here are some important tips to help your child stay healthy:

1. Brush teeth with fluoride toothpaste twice a day
2. Floss daily
3. Drink fluoridated tap water (or take fluoride supplements in non-fluoridated areas)
4. Eat healthy snacks
5. Visit the dentist twice a year by age 1 or when the first tooth appears.

If you have questions about the oral health assessment requirement, please contact your child's school.

Sincerely,

District Superintendent

Carta de Aviso sobre salud bucal

Estimados padres o tutores:

Con el fin de asegurarse de que su hijo/a esté listo para el comienzo del ciclo escolar, las leyes de California requieren que su hijo/a se haga una evaluación de salud bucal (un control dental) antes del 31 de mayo, para el ingreso a jardín de infantes o a primer grado, independientemente de cual sea su primer año en la escuela pública.

Un dentista matriculado o un profesional de salud dental matriculado o registrado debe realizar la evaluación. Si su hijo se ha realizado una evaluación dentro de los 12 meses del ingreso a la escuela, dicha evaluación cumple con este requisito. Las escuelas deben recibir una copia firmada del formulario requerido antes del 31 de mayo. Si usted tiene un proveedor de servicios dentales:

- Lleve el formulario Evaluación de salud bucal adjunto al consultorio del dentista para que lo complete cuando su hijo/a se haga el control. Si usted no tiene un proveedor de servicios dentales, los siguientes recursos lo ayudarán a encontrar un dentista:
- Child Health & Disability Prevention Program (CHDP) 916-875-7151
<https://www.dhcs.ca.gov/services/chdp/Pages/default.aspx>.
- Medi-Cal Dental 800-322-6384 www.smileca.org.
- Humboldt County Oral Health Program 707-476-4924 www.smileca.org

Si usted no puede llevar a su hijo/a a esta evaluación obligatoria, indique el motivo de ello en la Sección 3 del formulario y entregue el formulario en la escuela de su hijo/a. Las leyes de California exigen que las escuelas mantengan la privacidad de la información sobre la salud de los alumnos. La identidad de su hijo/a no se relacionará que se confeccione a causa de este requisito.

Recuerde que sus hijos deben estar sanos para aprender y los niños que tienen caries no están sanos. Los niños necesitan de sus dientes para comer adecuadamente, hablar, sonreír y sentirse bien con ellos mismos. Los niños que tengan caries y/o dolor podrán tener dificultades para comer, posiblemente dejen de sonreír y tengan problemas para prestar atención y aprender en la escuela. Las caries dentales son una infección que no se sana y puede ser dolorosa si no se le aplica tratamiento. Si las caries no se tratan, es posible que los niños lleguen a estar lo suficientemente enfermos como para requerir tratamiento en una sala de emergencia, y sus dientes en la adultez podrían quedar dañados en forma permanente.

Presentamos algunos consejos importantes para ayudar a que su hijo siga estando sano:

1. Cepillarse los dientes con una pasta dental con flúor dos veces al día
2. Pasarse hilo dental a diario
3. Beber agua potable con flúor (o tomar suplementos con flúor en zonas en donde no haya agua potable con flúor)
4. Comer refrigerios saludables
5. Visitar al dentista dos veces al año antes de cumplir 1 año o cuando aparezca el primer diente
6. Si tiene preguntas sobre el requisito de evaluación de salud bucal, comuníquese con la escuela de su hijo/a.

Saludos cordiales,
Superintendente del distrito Archivo adjunto

Kindergarten Oral Health Assessment Checklist and Timeline

Staff Responsible _____

July-August

- Review KOHA Handbook
- Begin distribution of Oral Health Assessment Forms with parent letter at enrollment or within 1st month of school

August-May

- Conduct oral health assessments and assist families with access to care if needed
- Collect completed Oral Health Assessment/Waiver Forms by **May 31st** of each year

June

- Complete Kindergarten Oral Health Assessment Data Worksheet and submit to HCOE by last day of school

July

HCOE deadline to input data into SCOHR account to monitor compliance from all school districts in the county

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/Date CA License Number			

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 None Other
- 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.

Formulario de evaluación de la salud bucal

La ley de California (Sección 49452.8 del *Código de Educación*) exige que su hijo se haga un chequeo dental antes del 31 de mayo de su primer año en una escuela pública. Un profesional de la salud dental matriculado de California que trabaje dentro de su área de especialización debe realizar el chequeo y completar la Sección 2 de este formulario. Si su hijo tuvo un chequeo dental en los 12 meses anteriores al comienzo del año escolar, pídale a su dentista que complete la Sección 2. Si no puede conseguir un chequeo dental para su hijo, complete la Sección 3.

Sección 1. Información del menor (debe ser completada por el padre, la madre o el tutor)

Primer nombre del menor:	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento del menor:
Domicilio:			Dpto.:
Ciudad:			Código postal:
Nombre de la escuela:	Maestro:	Grado:	Sexo del menor: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre/madre/tutor:	Raza/origen étnico del menor: <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afroamericano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Indio nativo americano <input type="checkbox"/> Multirracial <input type="checkbox"/> Otro _____ <input type="checkbox"/> Nativo de Hawai/islas del Pacífico <input type="checkbox"/> Desconocido		

Sección 2. Información de salud dental: debe ser completada por un profesional de la salud dental matriculado de California

[Oral Health Data (To be completed by a California licensed dental professional)]

NOTA IMPORTANTE: Considere cada casilla por separado. Marque cada casilla.

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

Fecha de la evaluación: <i>[Assessment Date:]</i>	Incidencia de caries <i>[Caries Experience]</i> (Caries visibles y/o empastes presentes) <i>(Visible decay and/or fillings present)</i> <input type="checkbox"/> Sí <i>[Yes]</i> <input type="checkbox"/> No <i>[No]</i>	Caries visibles presentes: <i>[Visible Decay Present:]</i> <input type="checkbox"/> Sí <i>[Yes]</i> <input type="checkbox"/> No <i>[No]</i>	Urgencia de tratamiento: <i>[Treatment Urgency:]</i> <input type="checkbox"/> Ningún problema obvio <i>[No obvious problem found]</i> <input type="checkbox"/> Se recomienda atención dental temprana (caries sin dolor o infección o el niño se beneficiará del sellador dental o de una evaluación adicional) <i>[Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation)]</i> <input type="checkbox"/> Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) <i>[Urgent care needed (pain, infection, swelling or soft tissue lesions)]</i>
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Firma del profesional de salud dental matriculado Número de matrícula de CA Fecha
[Licensed Dental Professional Signature CA License Number Date]

Sección 3. Exención del requisito de evaluación de salud dental
Debe ser completado por el padre, la madre o el tutor que solicita que su hijo/a sea eximido de este requisito.

Solicito que mi hijo sea eximido de este chequeo dental porque: (marque la casilla que describa el motivo)

- No puedo encontrar un consultorio dental que acepte el plan de seguro dental de mi hijo. El plan de seguro dental de mi hijo es:
 - Medi-Cal/Denti-Cal Healthy Families Healthy Kids Otro
 - Ninguno
- No puedo pagar el chequeo dental de mi hijo.
- No quiero que a mi hijo se le haga un chequeo dental.

Opcional: otras razones por las cuales mi hijo no pudo obtener un chequeo dental:

Si pide ser eximido de este requisito: ► _____
Firma del padre, madre o tutor Fecha

Regrese este formulario a la escuela *antes* del 31 de mayo del primer año escolar de su hijo.

El original de este formulario será guardado en el registro escolar del menor.

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAs): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.

KINDERGARTEN ORAL HEALTH ASSESSMENT DATA REPORTING FORM

Reporting School Year _____

AB 1433 requires children entering public schools to undergo an oral health assessment as part of registration. As of May 31, 2012, all parents and guardians of kindergarteners must provide proof of an oral health assessment. Please fill in the appropriate numbers below and return to Pennie Locklin at HCOE plee@hcoe.org by May 31st of each school year.
(One form per school site)

DATE	SCHOOL
PERSON FILLING OUT FORM	JOB TITLE
OFFICE PHONE	EMAIL ADDRESS

A	B	C	D	E	F	G	H	I
The total number of students at the school eligible for the assessment	The total number of students preventing proof of an assessment	The total number of students that presented a waiver for the purpose of financial burden	The total number of students that presented a waiver for lack of access to a doctor	The total number of students that presented a waiver for reasons of non-consent by parents	The total number of students that did not return either a proof of an assessment or a waiver to the school	The total number of students that were found to have untreated decay	The total number of students that were found to have caries experience	The total number of students with urgent care needed
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Signature of Individual Completing Report Education Code Section 49452.8 states that all school districts shall, by May 31st of each year, submit a report to the County Office of Education of the county in which the school district is located.
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To access SCOHR (System for California Oral Health Reporting), visit <https://www.ab1433.org/>

How to Fill Out the KOHA Data Reporting Form

Column A is the number of students enrolled in Kindergarten at your district

Column B is the number of students who have completed Section 2 (image below) on the KOHA form OR provided other proof of an assessment.

Column C is the number of returned forms with a checked box on Section 3 (see image below) that says "I cannot afford a dental check-up for my child".

Column D is the number of returned forms with a checked box on Section 3 (see image below) that says "I am unable to find a dental office that will take my child's dental insurance plan".

Column E is the number of returned forms with a checked box on Section 3 (see image below) that says "I do not want my child to receive a dental check-up".

Column F is the number of students who did NOT return a KOHA form or waiver.




Column G is the number of returned forms with a checked box on Section 2 (see image below) that says "Visible Decay Present: YES"

Column H is the number of returned forms with a checked box on Section 2 (see image below) that says "Caries Experience (Visible decay and/or fillings present): YES"

Column I is the number of returned forms with a checked box on Section 2 (see image below) that says "Treatment Urgency: URGENT CARE NEEDED"

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)
	 Column H	 Column G	 Column I
Licensed Dental Professional Signature/Date		CA License Number	

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)

Column 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:

Column C → Medi-Cal/Denti-Cal Healthy Families Healthy Kids None Other

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

Column 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