



July 2017

Dear Parent or Guardian:

To make sure your child is ready for school, California law, Education Code Section 49452.8, requires that your child have an oral health assessment (dental check-up) by May 31 for kindergarten. 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**.

Please take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up.

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>.
2. Health Care Servicesw toll-free number or Web site can help you to find a dentist who take Medi-Cal insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.dhcs.ca.gov>.
3. For help in enrolling in either Medi-Cal/Denti-Cal you may call the San Diego Maternal, Child and Family Health Services toll free help line at 1-800-675-2229. Listen for the SD-KHAN option.
4. For additional resources to find a provider:
  - a. San Diego Kids Health Assurance Network at 1-858-694-3900; <http://www.sandiegocounty.gov>
  - b. 2-1-1 San Diego (if you are unable to reach 2-1-1 from your cell phone or you are calling from outside San Diego County, please use (858) 300-1211)
  - c. San Diego Dental Society 619-275-0244
  - d. Contact your school nurse

Remember, if your child has poor dental health, your child is not healthy and ready for school. 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.

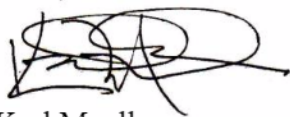
Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

Your cooperation with this law is very much appreciated. If you have questions about the oral health assessment requirement, please contact Niamh Foley, Director of Student Services at 522-8900, ext 1032, or email [rerhard@coronadousd.net](mailto:rerhard@coronadousd.net).

*If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form.*

California law requires schools to maintain the privacy of students' health information. Your child's identify will not be associated with any report produced as a result of this requirement.

Sincerely,



Karl Mueller  
Superintendent of Schools

Attachment

## 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)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	
		_____ <i>Date</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       Other: \_\_\_\_\_       None

I cannot afford an oral health screening for my child.

I do not want my child to receive an oral health screening.

Optional: other reasons my child could not get an oral health screening: \_\_\_\_\_

**Please sign if asking to waive Oral Health Assessment 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 contact your school office.

**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.*

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services  
For more information, please call (619) 692-8808



## Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

### Section 1 To be completed by the 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 Gender: <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"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

### Section 2 **Oral Health Data Collection** To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries 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 <input type="checkbox"/> Urgent care needed
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*Dental professional's signature*

*Date*

**Return this form to the school by May 31**

*Original to be retained in child's school record.*

**Section 3**  
**Waiver of Oral Health Assessment Requirement**  
**To be completed by a parent or guardian requesting to be excused from this requirement**

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

- I am unable to find a dental office that will take my child's insurance plan.  
My child is covered by the following insurance plan:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     None  
 Other \_\_\_\_\_

- I cannot afford an oral health assessment for my child.  
 I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. If you have any questions about this requirement, please contact your school office.

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Date*

**Return this form to the school by May 31**

*Original to be retained in child's school record.*