



ORAL HEALTH NOTIFICATION LETTER

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To ensure your child is ready for school, California law Education Code Section 49452.8 requires that your child have an oral health assessment or dental check-up in his or her first year in public school (kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional and a completed Oral Health Assessment form to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. Take the attached Oral Health Assessment form to your child's dentist to complete if your child has had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. Call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit Smile California – Find a Dentist (<https://smilecalifornia.org/find-a-dentist/>) to find a dentist that accepts Medi-Cal. To help enroll your child in Medi-Cal, you can apply by mail or go to your local Social Services office or online at Apply for Medi-Cal. (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>)
2. For additional resources that may be helpful, contact your local public health department and click Apply for Health Coverage (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>) to find yours.

When you take your children to the dentist, bring the Oral Health Assessment form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement form, and return the form to your child's school. Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or online from the California Department of Education. (<https://www.cde.ca.gov/Is/he/hn/oralhealth.asp>)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are important. Children need healthy baby teeth to eat, talk, smile and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.



Here is important advice to help your child stay healthy:

- Take your child to the dentist. Dental check-ups can help keep your child's mouth healthy and pain-free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice, or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

If you have questions about the new oral health assessment requirement, please contact the Health Services Department at 209-744-4521.

Oral Health Assessment Form

California law (*Education Code Section 49452.8*) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child has had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention from a dentist. This assessment will also be used to evaluate the District's oral health programs. Children need good oral health to speak with confidence, express themselves, and be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life.

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: | Year child starts kindergarten: _____ |
| Parent/Guardian First Name: | Parent/Guardian Last Name: | Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 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"/> Other (please specify) | | |
| | <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <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: | Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No | *Caries Experience (Visible decay and/or filling 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 | | |
| <i>*Check "Yes" for Caries experience if there is the presence of untreated decay or fillings. Check "No" for Caries experience if there is no untreated decay and no fillings.</i> | | |

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow-up)

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|---|--|
| Parent notified that child has urgent dental care need on: (enter date) | |
| A follow-up appointment for this child has been scheduled for: (enter date) | |
| Did the child receive the needed treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, the entity responsible for follow-up will be encouraged to check back in with the parent) <input type="checkbox"/> I don't know |

The law states that 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 31st of your child's first school year.
Original to be kept in the child's school record.**

Waiver of Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child from the oral health assessment requirement. Sign and return this form to the school, where it will be kept confidential.

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

| | | | |
|-----------------------------|--|--|---------------------------------------|
| Childs First Name: | Last Name: | Middle Initial: | Childs Birth Date: |
| Address: | | | Apt.: |
| City: | | ZIP Code: | |
| School Name: | Teacher: | Grade: | Year child starts kindergarten: _____ |
| Parent/Guardian First Name: | Parent/Guardian Last Name: | Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 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"/> Other (please specify) | | |
| | <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown | | |

Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

| | |
|---|--|
| Please excuse my child from the assessment because (✓check the box that best describes the reason): | |
| <input type="checkbox"/> | I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | I cannot afford an assessment for my child. |
| <input type="checkbox"/> | I cannot find the time to get to a dentist (e.g., cannot get the time off from work, and the dentist does not have convenient office hours). |
| <input type="checkbox"/> | I cannot get to a dentist easily (e.g., do not have transportation or is located too far away) |
| <input type="checkbox"/> | I do not believe my child would benefit from an assessment. |
| <input type="checkbox"/> | Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____ |
| If asking to be excused from this requirement: | |
| _____ | _____ |
| Signature of parent or guardian | Date |

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