

## Kindergarten Oral Health Assessment Notification Letter

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, California law *Education Code* Section 49452.8 requires **every kindergartner and any first grader in public school for their first year** to have an **oral health assessment/ screening** or dental check-up turned into their school **at the beginning of the school year**.

**The Kindergarten Oral Health Assessment Form (attached to this letter)** needs to be completed by a licensed dentist or other licensed or registered dental health professional. If your kindergartner or first grader enrolling in public school for their first year **has not** had the form completed by a dentist in the past 12 months, please go to their dentist to get it completed, and return it to your child's school.

Your child's school or school district **may host a free oral health assessment/ screening event**, where licensed dentists or other licensed or registered dental health professionals will provide the oral health screening **at the school**. The screening is a quick look at your child's teeth. **No dental treatments** of any kind are given. **Your child will be given the free oral health screening unless** you let the school know you would **not like** your child to receive it. This is called "opting out" of the screening. To opt out, please fill out the attached **On-Site Dental Screening Opt Out Letter** and return it to your child's school. If you do not opt out of the screening, your child **will get the oral health screening only**. If dental treatments are also offered at the event in addition to the screening, you must sign a separate form to provide your written informed consent in order for your child to receive them. After the screening event, **you will receive a letter or phone call** sharing the results of your child's screening.

If you cannot take your child to a dentist to get the oral health assessment/ screening, or your child cannot attend an oral health screening event hosted at your school, please fill out the separate **Waiver of Kindergarten Oral Health Assessment Requirement form (attached to this letter)**, and return it to your child's school. You can get copies of all these forms from your child's school.

Your child's identity will not be in any report. Schools keep students' health information private.

### **If your child is not enrolled in Medi-Cal dental insurance:**

Contact San Mateo County's **Health Coverage Unit** by calling toll free:  
**1-800-223-8383**.

Local number: **650-616-2002**.

Email: [info-hcu@mscgov.org](mailto:info-hcu@mscgov.org).

Visit the website: <http://www.smchealth.org/health-insurance>.

**To find a dental provider accepting Medi-Cal in San Mateo County:**



Call the **Health Plan of San Mateo's Member Services** (toll free):  
**1-800-750-4776.**

Local number: **650-616-2133.**

Email: [Dental@hpsm.org](mailto:Dental@hpsm.org).

Visit HPSM Dental's online dental provider directory to find a dentist here:  
<http://www.hpsm.org/member/hpsm-dental/choose-a-dentist>.



**For additional oral health resources:**

Visit the Oral Public Health Program website: <http://www.smchealth.org/oral-health>.

**We want your child to be healthy and ready for school! Here is important advice to help your child stay healthy:**

- Baby teeth are very important, even though they fall out. 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.
- Take your child to the dentist **every six months, starting when their first baby tooth comes in**. Dental check-ups can help keep your child's mouth healthy and free of pain, and are free (covered) by dental insurance plans.
- Choose healthy foods and drinks for the entire family, like fresh fruits and vegetables, water and milk.
- Help your child brush their teeth at least 2 times a day with toothpaste that contains fluoride for 2 minutes, and floss daily.
- 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.

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

### Kindergarten Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child enrolled in kindergarten in a public school, and any child enrolled in first grade who did not attend public school the previous year, must have a dental check-up (assessment). It should be turned in at the **beginning of the school year**. A California licensed dental professional must do the check-up and fill out Sections 2 and 3 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Sections 2 and 3. 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 by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, 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. For this reason, we thank you for making this contribution to the health and well-being of California’s children.

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

Child’s First Name:	Last Name:	Middle Initial:	Child’s Birth Date: MM – DD – YYYY
Address:			Apt.:
City:		ZIP Code: 	
School Name:	Teacher:	Grade:	Year child starts kindergarten:   Y   Y   Y   Y
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 <span style="margin-left: 200px;"><input type="checkbox"/> Native American</span> <input type="checkbox"/> Black/African American <span style="margin-left: 100px;"><input type="checkbox"/> Multi-racial</span> <input type="checkbox"/> Hispanic/Latino <span style="margin-left: 100px;"><input type="checkbox"/> Native Hawaiian/Pacific Islander</span> <input type="checkbox"/> Asian <span style="margin-left: 150px;"><input type="checkbox"/> Unknown</span> <input type="checkbox"/> Other (please specify)		

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

\*Check “Yes” for Caries experience if there is presence of untreated decay or fillings  
 Check “No” for Caries experience if there is no untreated decay and no fillings

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

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

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 by the end of your child's first school year.**

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

### Waiver of Kindergarten Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child from the kindergarten 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)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:		ZIP code: 	
School Name:	Teacher:	Grade:	Year child starts kindergarten:   Y   Y   Y   Y
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="radio"/> Male <input type="radio"/> Female	
Child's Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		

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**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, the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, 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): _____ _____
<b>If asking to be excused from this requirement:</b>	
_____ <b>Signature of parent or guardian</b>	MM – DD – YYYY _____ <b>Date</b>

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.***

## On-Site Dental Screening Opt Out Letter

Dear Parent/Guardian,

An on-site free dental screening (also called an oral health assessment) may be provided at your child's school by a licensed or registered dental professional. The purpose of this dental screening is to check your child's teeth for tooth decay. **No dental treatments of any kind are given unless you have provided a separate written informed consent for your child to receive dental treatments (ex: sealants, fluoride).**

Cavities (tooth decay) are the most common disease experienced by children. However, tooth decay is preventable. In California, 54% of kindergarteners and 70% of third graders have experienced tooth decay. Tooth decay causes pain and can lead to malnutrition, poor performance in school, childhood speech problems, and serious infections.

Participating in a school screening has many benefits:

- You do not need to take time off from work. No missed school days or workdays.
- FREE dental assessment by a licensed dental professional.
- Quick look at your child's teeth.
- Referral to dental professional, if needed.
- Complies with the Kindergarten Oral Health Assessment Requirement law (AB 1433 & SB 379) and supports children's school readiness and success under the Kindergarten Readiness Act (SB 1381).

If your child is screened and found to have urgent dental problems, your child will be sent home with a letter. If you receive a letter, it is important that you take your child to a dentist or dental provider for an evaluation.

**If you WANT your child to participate in the oral health assessment / dental screening for their grade, no further action is required.**

If you **DO NOT** want your child to participate in the on-site dental screenings, please complete the bottom portion of this letter and return it to your child's school. If you have any questions, please feel free to call your child's school.

**Sign the Form below if you DO NOT want your child to participate in the on-site dental health screenings.**

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Student's Name: \_\_\_\_\_

I **DO NOT** wish to have my child participate in the on-site free dental screening / oral health assessment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date