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Student Services
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Oral Health Assessment

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. Additional copies of the necessary form are available at your child's school or online from the California Department of Education's website 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. For help in enrolling in either Medi-Cal/Denti-Cal or Healthy Families 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.
2. For additional resources to find a provider:
 - a. San Diego Kids Health Assurance Network at 1-800-675-2229; www.skhan.org
 - 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, call (858) 300-1211)
 - c. San Diego Dental Society 619-275-0244
 - d. Contact your School Nurse
3. Medi-Cal/Denti-Cal's toll-free number or website can help you find a dentist who takes Denti-Cal: 1-800-322-6384; www.denti-cal.ca.gov.
4. Healthy Families' toll free number or website can help you find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305; www.healthyfamilies.ca.gov/hfhome.asp.

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 your school nurse.

Sincerely,

A handwritten signature in blue ink that reads "Lori Cummins". The signature is written in a cursive style with a large initial "L" and "C".

Lori Cummins
Director of Student Services

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 their 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: | <u>Caries Experience</u> (fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Visible Decay 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 (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>PRINTED Provider Name/Clinic Name</i> | | | _____ <i>Date</i> |
| _____ <i>Phone #</i> | | | _____ <i>Fax #</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 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.
- Other reasons my child did 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.

Formulario de Evaluación de Salud Dental

La Ley de California (Código de Educación Sección 49452.8) establece que tu hijo (a) debe de tener una evaluación dental antes del 31 de mayo de su primer año en la escuela pública. Un profesional con licencia en salud dental debe de realizar dicha evaluación y llenar la sección 2 de este formulario. Si tu hijo (a) ha tenido una evaluación dental en los 12 meses previos al inicio de su año escolar, pide a tu dentista que llene la sección 2 de este formulario. Si no puedes cumplir con la evaluación dental para tu hijo (a), llena la sección 3.

Sección 1: Información del niño (a) (Debe ser llenada por uno de los padres o tutores)

| | | | |
|-----------------------------|--|-----------------------------|---|
| Primer nombre del niño (a): | Apellido: | Inicial del segundo nombre: | Fecha de nacimiento del niño (a): |
| Domicilio: | | | Departamento.: |
| Ciudad: | | | Código Postal: |
| Nombre de la escuela: | Maestro (a): | Grado: | Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino |
| Nombre del padre o tutor: | Raza u origen étnico del niño (a): <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afro-americano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Americano Nativo <input type="checkbox"/> Multi-racial <input type="checkbox"/> Otro _____ <input type="checkbox"/> Nativo de Hawai o Islas del Pacífico <input type="checkbox"/> Desconocido | | |

Sección 2: To be filled out by a California licensed dental professional (Recolección de información de salud dental (Debe ser llenado por un profesional de salud dental con licencia de California))

IMPORTANT NOTE (NOTA IMPORTANTE): Consider each box separately. Mark each box. (Considera cada pregunta de forma separada. Marca tu respuesta en el espacio correspondiente.)

| | | | |
|---|---|---|--|
| Assessment Date: (Fecha de la evaluación) | Caries Experience (fillings present): (Experiencia con Caries) (amalgamas presentes) <input type="checkbox"/> Yes (Sí) <input type="checkbox"/> No | Visible Decay Present: (Daño visible presente) <input type="checkbox"/> Yes (Sí) <input type="checkbox"/> No | Treatment Urgency: (Urgencia del tratamiento) <input type="checkbox"/> No obvious problem found (No se encontraron problemas obvios) <input type="checkbox"/> Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) (Se recomienda atención dental pronta) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) (ecesita atención urgente) |
|---|---|---|--|

| | | |
|---|--|-------------------------------|
| _____ Firma del profesional dental con licencia | _____ Número de licencia de California | _____ Fecha |
| _____ Imprima el nombre del Proveedor / Oficina | _____ Número de Teléfono | _____ Número de Fax |

Sección 3: Excusa para el requerimiento de evaluación dental (Debe ser llenada por un padre o tutor que soliciten excusa de este requerimiento)

Por favor excuse a mi hijo (a) de la evaluación dental debido a: (Marca el espacio que mejor describe la razón)

- No pude encontrar un consultorio dental que acepte el plan de seguro de mi hijo (a).
 El plan de seguro dental de mi hijo es:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Otro _____ Ninguno
- No me alcanza para pagar por la evaluación dental de mi hijo (a).
- No quiero que mi hijo (a) reciba una evaluación dental.
- Otras razones por las cuales mi hijo (a) no puede recibir una evaluación dental: _____

Si pides una excusa de este requerimiento: ► _____
Firma del padre o tutor
Fecha

La ley establece que las escuelas deben de mantener en privado la información de salud de los estudiantes. El nombre de tu hijo (a) no será parte de ningún reporte como resultado de esta ley. Esta información sólo puede ser usada para propósitos relacionados con la salud de tu hijo (a). Si tienes preguntas por favor llama a tu escuela.

Regresa esta forma a la escuela antes del 31 de mayo del primer año escolar de tu hijo (a).
 El original debe de ser incluido en el archivo escolar de tu hijo(a).