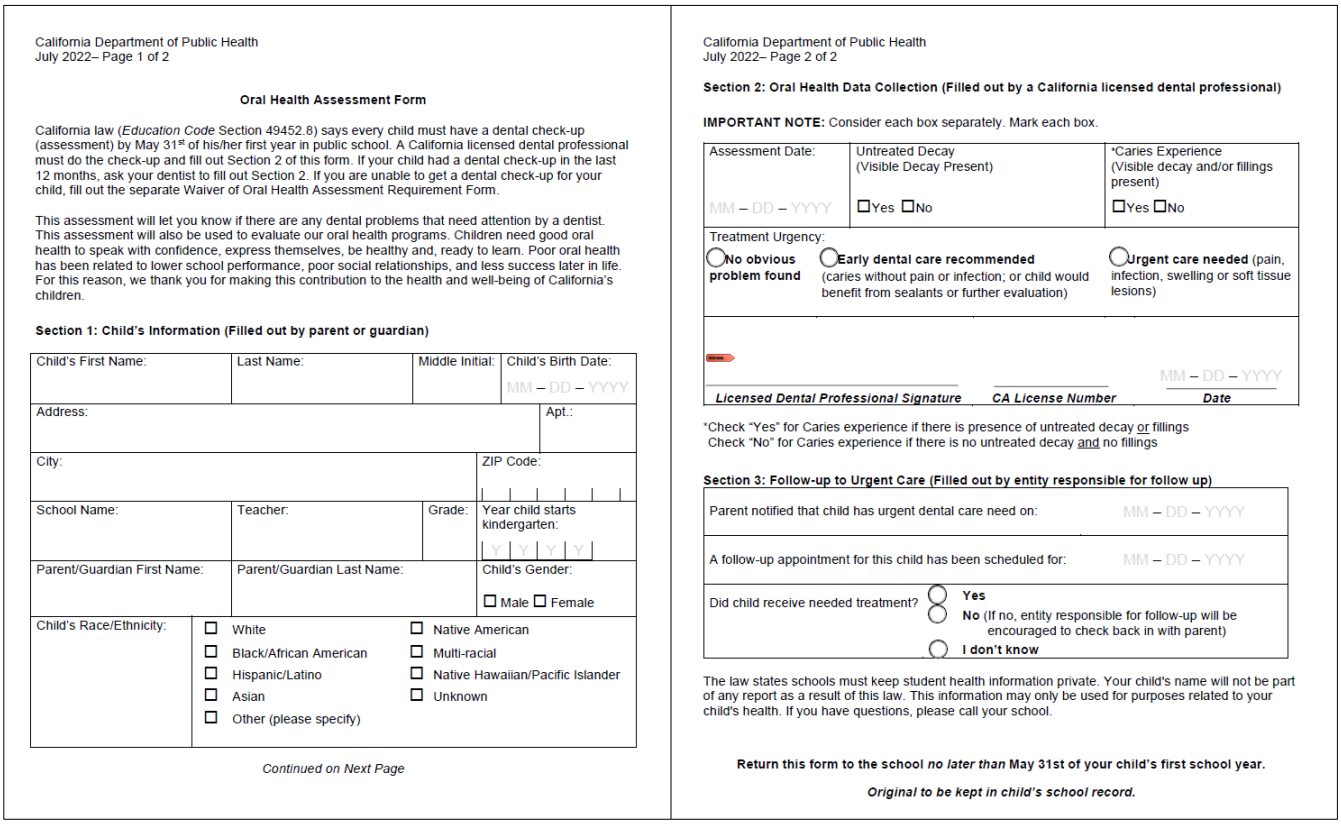
Kindergarten Oral Health Assessment Forms

Stanislaus County
Oral Health Program

2025

STEP 1 - KOHA Forms

All KOHA forms are available in English and multiple other languages (Chinese, Korean, Spanish, Tagalog, Vietnamese).



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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 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 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: ☐ Male ☐ Female

Child's Race/Ethnicity:

- ☐ White
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ Other (please specify)
- ☐ Native American
- ☐ Multi-racial
- ☐ Native Hawaiian/Pacific Islander
- ☐ Unknown

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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) ☐Yes ☐No	*Caries Experience (Visible decay and/or fillings present) ☐Yes ☐No

Treatment Urgency:

- ◯ **No obvious problem found**
- ◯ **Early dental care recommended** (caries without pain or infection; or child would benefit from sealants or further evaluation)
- ◯ **Urgent care needed** (pain, infection, swelling or soft tissue lesions)

Licensed Dental Professional Signature | *CA License Number* | *Date* MM – DD – YYYY

*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?	◯ **Yes** ◯ **No** (If no, entity responsible for follow-up will be encouraged to check back in with parent) ◯ **I don't know**

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 31st of your child's first school year.

Original to be kept in child's school record.

KOHA forms should be sent to parents/caregivers in the TK and kindergarten registration packets. **Other KOHA form distribution opportunities** include TK and kindergarten orientation and back-to-school nights.

IMPORTANT: If your school or district is still using the older KOHA forms, please discontinue their use as soon as possible and use the updated forms listed below.

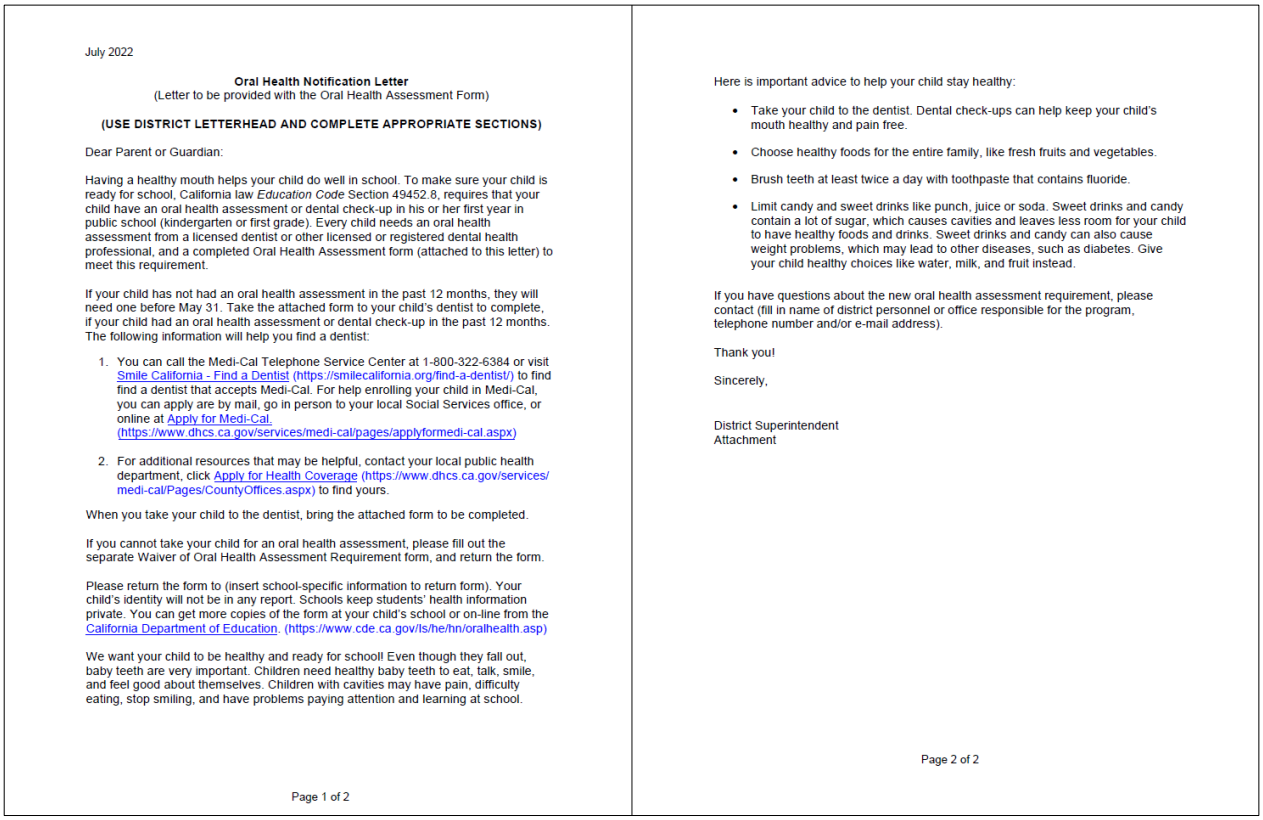
Key Updates to KOHA Forms, Revised in 2022

- **Forms were revised to include more information** about whether children with urgent dental care needs received follow-up care. Since a primary goal of KOHA is to connect children to a dental home (a regular source of dental care), this section helps schools and LOHPs ensures students are getting the care they need.
- **A more detailed waiver form that is separate from the KOHA form** discourages easy waiving when a screening could be completed for the child. More information is now included to learn why parents/caregivers may waive, so LOHP staff can work with school staff and community partners to address those barriers.

Additional Forms

Parent Notification Letter

Describes what the KOHA requirement is and what parents/caregivers need to do. It includes information about how to access dental care in the county, as well as basic oral health information.



July 2022

Oral Health Notification Letter
(Letter to be provided with the Oral Health Assessment Form)

(USE DISTRICT LETTERHEAD AND COMPLETE APPROPRIATE SECTIONS)

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 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 (attached to this letter) 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 form to your child's dentist to complete, if your child had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. You can 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 find a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply are by mail, go in person 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, click Apply for Health Coverage (https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) to find yours.

When you take your child to the dentist, bring the attached 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.

Please return the form to (insert school-specific information to return form). 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 on-line from the California Department of Education. (https://www.cde.ca.gov/ls/he/hn/oralhealth.asp)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are very 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.

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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 (fill in name of district personnel or office responsible for the program, telephone number and/or e-mail address).

Thank you!

Sincerely,

District Superintendent
Attachment

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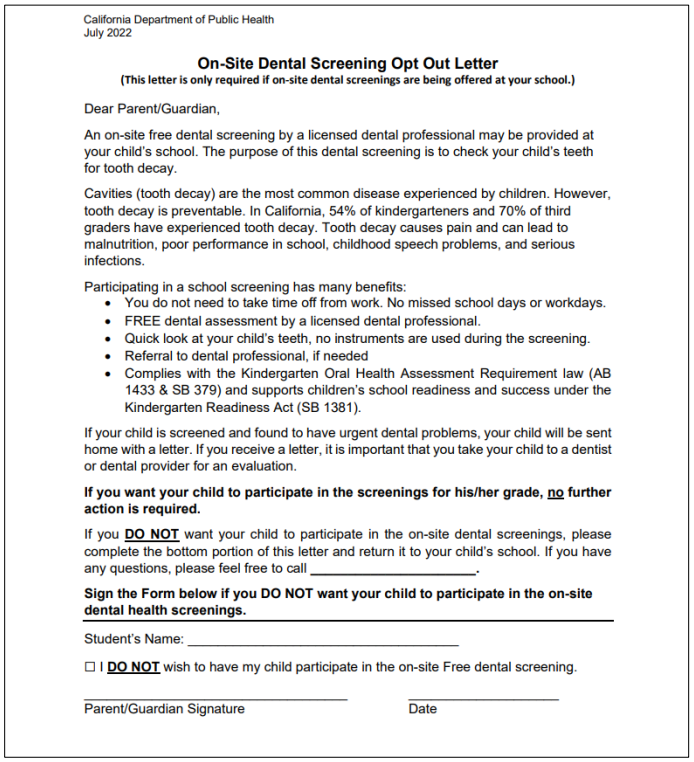
KOHA On-Site Screening Opt-Out Letter

(For schools hosting on-site screenings)- This letter only goes to parents/caregivers of students at schools receiving on-site screenings and is a way they can let schools know they would not like to have their child receive the free on-site oral health screening.



California Department of Public Health
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On-Site Dental Screening Opt Out Letter
(This letter is only required if on-site dental screenings are being offered at your school.)

Dear Parent/Guardian,

An on-site free dental screening by a licensed dental professional may be provided at your child's school. The purpose of this dental screening is to check your child's teeth for tooth decay.

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, no instruments are used during the screening.
- 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 screenings for his/her 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 _____.

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

Student's Name: _____

☐ I **DO NOT** wish to have my child participate in the on-site Free dental screening.

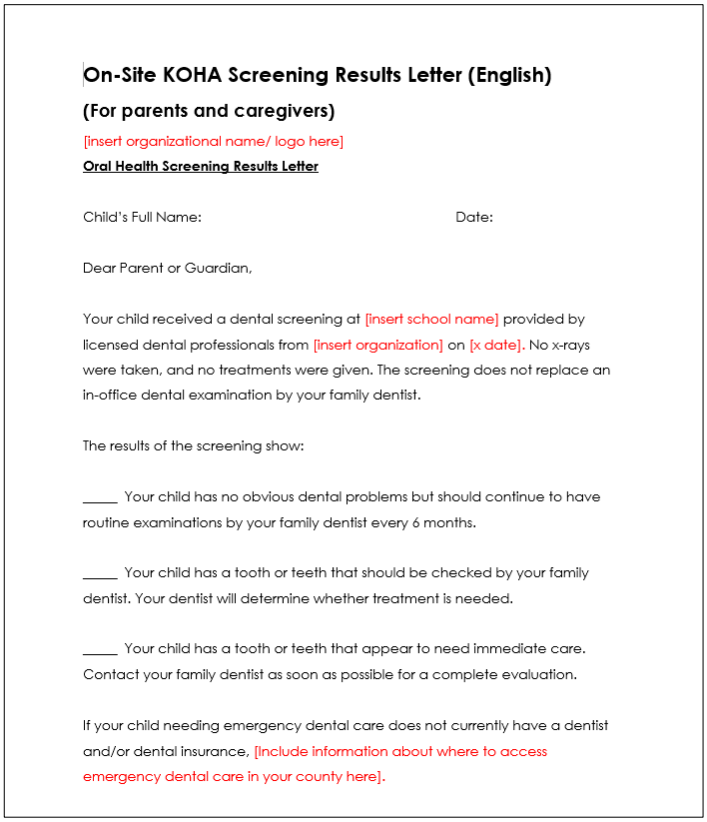
_____ _____
Parent/Guardian Signature Date

KOHA Screening Results Letter for Parents/Caregivers

An additional site-specific form for on-site KOHA screenings. It is completed by the dental provider for each child receiving an on-site school oral health screening. It is sent home to parents/caregivers and includes information about the basic findings and any next steps needed.

English - Sample Screening Results Letter

Spanish – Sample Screenign Result Letter



On-Site KOHA Screening Results Letter (English)

(For parents and caregivers)

[insert organizational name/ logo here]

Oral Health Screening Results Letter

Child's Full Name: Date:

Dear Parent or Guardian,

Your child received a dental screening at [insert school name] provided by licensed dental professionals from [insert organization] on [x date]. No x-rays were taken, and no treatments were given. The screening does not replace an in-office dental examination by your family dentist.

The results of the screening show:

____ Your child has no obvious dental problems but should continue to have routine examinations by your family dentist every 6 months.

____ Your child has a tooth or teeth that should be checked by your family dentist. Your dentist will determine whether treatment is needed.

____ Your child has a tooth or teeth that appear to need immediate care. Contact your family dentist as soon as possible for a complete evaluation.

If your child needing emergency dental care does not currently have a dentist and/or dental insurance, [include information about where to access emergency dental care in your county here].

Waiver Forms

The KOHA is a statewide mandate that needs to be completed and submitted to the school. If parents/caregivers need further assistance to complete the KOHA, they are encouraged to contact their school health staff or Stanislaus County's Oral Health Program. If they are unable to receive the necessary assistance **by May 31st**, then a waiver should be provided to the parents/caregivers to sign and indicate the reason for waiving.

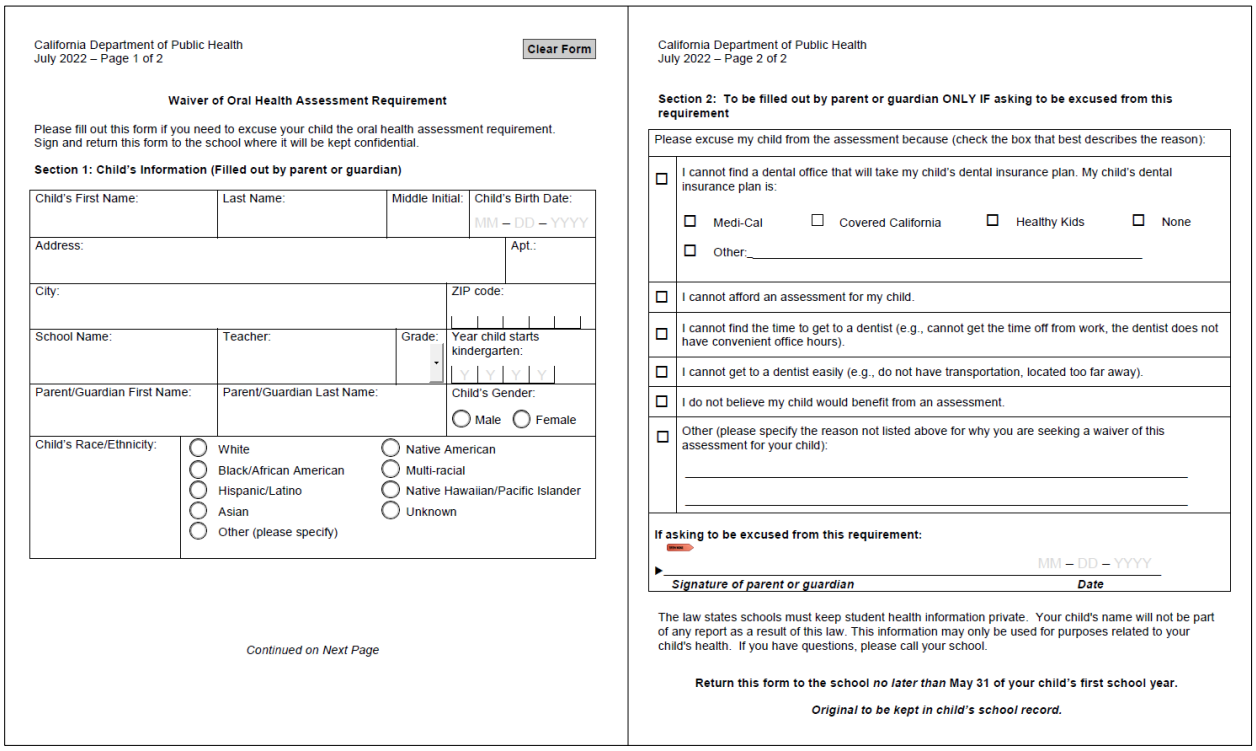
Best practices:

If parents/caregivers indicate they are unable to complete the KOHA because they:

- Cannot find a dental office that accepts their child's dental insurance
- Cannot afford an assessment for their child
- Cannot find the time to get to a dentist
- Cannot get to a dentist easily
- Believe their child would not benefit from the assessment

School staff can provide resources and additional information about:

- **How to find a dentist**
- **Medi-Cal Dental Care Coordination Form (for those that need to be connected to care)**
- **Enroll in Medi-Cal health and dental insurance**
- **Use the Medi-Cal Transportation Benefit to Get to a Dental Appointment**
- **KOHA Educational Materials to Share with Parents/Caregivers**



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Clear Form

Waiver of Oral Health Assessment Requirement

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

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: ◯ Male ◯ Female

Child's Race/Ethnicity:

- ◯ White
- ◯ Black/African American
- ◯ Hispanic/Latino
- ◯ Asian
- ◯ Other (please specify)
- ◯ Native American
- ◯ Multi-racial
- ◯ Native Hawaiian/Pacific Islander
- ◯ Unknown

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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):

- ☐ I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:
  - ☐ Medi-Cal ☐ Covered California ☐ Healthy Kids ☐ None
  - ☐ Other:_____
- ☐ I cannot afford an assessment for my child.
- ☐ 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).
- ☐ I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
- ☐ I do not believe my child would benefit from an assessment.
- ☐ 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:

▶ _____ MM – DD – YYYY

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.

Contact Us

Stanislaus County Oral Health Program

Phone: [(209) 558-5657]

Email: [healthpromotion@schsa.org] | [Website]

Stanislaus County
Oral Health Program