

**TITLE:** Oral Health Assessment for Kindergarten or First Grade

**NUMBER:** BUL-3585.7

**ISSUER:** Dr. Smita Malhotra  
Chief Medical Director  
Medical Services Division

**DATE:** December 2, 2024

**POLICY:** [California Education Code Section 49452.8](#) requires students enrolled in kindergarten in a public school, or first grade if not previously enrolled in kindergarten, to present proof of having received an oral health assessment within 12 months of initial enrollment, unless the parent is excused from the requirement. The report of oral health assessment is due to the school no later than May 31 of the school year.

California *Education Code* Section 49452.8 further states that all school districts shall submit a report annually by July 31 to the County Office of Education of the county in which the school district is located.

**MAJOR CHANGES:** This Bulletin replaces BUL-3585.6 dated August 1, 2016, of the same title. This revision reflects updates to the Oral Health Notification Letter, the Oral Health Assessment Form, and the Waiver of Oral Health Assessment Requirement that align with the California Department of Public Health’s forms dated July 2022 and expand data collected and reported.

**PURPOSE:** The purpose is to inform all schools of the oral health assessment requirement for entering kindergarten, and certain first-grade students, enrolled in public schools as required in the [California Education Code Section 49452.8](#).

**BACKGROUND:** Dental disease is one of the most common reasons for school absences because it makes it difficult for children to concentrate and learn. Lack of access to dental care is a problem for many children in California.

Effective January 1, 2007, students in their first year in public school must submit proof of oral health assessments. The assessments must be performed by a licensed or registered dental health professional, and proof of assessment is due on an annual basis by May 31.

**ROUTING**  
LD Superintendents  
Principals  
Nurses  
Physicians  
School Administrative Assistants

**GUIDELINES:** The oral health assessment may be performed by a licensed dentist or other licensed or registered dental health professional. Although physicians, nurse practitioners, and school nurses can and do perform visual dental inspections, the law currently does not allow these providers to complete the mandated oral health assessment.

The parents or legal guardians of the student may be excused from complying with the oral health assessment if they sign a waiver stating that they could not find a dental office that accepted their child's insurance; they could not afford to pay for the assessment; or they did not want to have their child's oral health evaluated. There is no penalty for students and families who cannot comply with the oral health assessment (for example, students may not be excluded from school for noncompliance with the assessment or waiver).

#### **I. ROLE OF SCHOOLS IN NOTIFICATION**

A. Each public school is required to notify parents or legal guardians of kindergarten students, or first-grade students who have not previously attended kindergarten in a public school, of the oral health assessment requirement every year. This notification should include a notification letter, a copy of the oral health assessment form, and a waiver of the oral health assessment requirement form.

Each is described as follows:

1. Notification Letter

[Attachment A/A-1](#) (English/Spanish) includes a sample notification letter. This letter includes all the elements required by Education Code Section 49452.8. Schools are encouraged to reproduce copies of the letter with the principal's signature on school letterhead. The Education Code requires the forms to be returned by May 31 of the current school year for kindergarten and first-grade if not previously enrolled in kindergarten. Therefore, for each school year, the Assessment forms should be returned to school by May 31. A Spanish translation of the notification letter is available and should be distributed accordingly.

2. Oral Health Assessment Form

[Attachment B/B-1](#) (English/Spanish) includes a standardized Oral Health Assessment form adopted from the California Department of Education. Schools should reproduce this form and send it home with the notification letter to parents/legal guardians of students subject to the assessment requirements. A Spanish translation of the assessment form is also available and should be distributed accordingly. This form should be

completed by the parent/legal guardian and dental health professional, where indicated.

3. Waiver of Oral Health Assessment Requirement Form

Attachment C/C-1 (English and Spanish) includes a standardized Waiver of Oral Health Assessment form adopted from the California Department of Education. Schools should reproduce this form and send it home with the notification letter (Attachment A) and Oral Health Assessment form (Attachment B) to parents/legal guardians of students who are subject to the assessment requirements. This form should be completed by the parents/legal guardians who, for whatever reason, are not able to have an oral health assessment for their child.

- B. Each student in kindergarten and each student in first grade, who did not attend kindergarten in a public school the year before, should have a notification letter, an Oral Health Assessment form, and a Waiver of Oral Health Assessment Requirement form sent home to their parents or legal guardians. Schools are encouraged to distribute this information as soon as possible to allow families the opportunity to complete and comply with the law before the May 31 due date.
- C. Schools may include these three forms with kindergarten and first-grade enrollment materials.

## II. **ROLES OF SCHOOLS IN DATA COLLECTION AND ENTRY**

After distribution of the notification letter, the Oral Health Assessment form, and the Waiver of Oral Health Assessment form, each public school is required to collect the Assessment/Waiver forms returned by parents or legal guardians by May 31 of each school year. Schools must maintain the privacy of students' health information.

After the Oral Health Assessment Waiver or Oral Health Assessment forms are collected at each school, the school office clerical staff shall enter the data in My Integrated Student Information System (MiSiS), *Miscellaneous* tab, *Health Screening* in the *Dental/Oral Health Assessment* section. After the data has been entered, keep all forms in students' school health records. MiSiS Health Screening data will interface with Welligent. (Attachment D).

A. Oral Health Assessment Results Documentation in MiSiS

- 1. The *Dental/Oral Health Assessment* information is in the *Miscellaneous* tab, *Health Screening* option.
- 2. If Section 2: Oral Health Data Collection has been completed by a dental professional, enter the *Assessment Date* in the *Dental/Oral Health Assessment* section, *Dental Examination Date* field. The date must be within 12 months of initial student enrollment; a future date cannot be entered.

3. Enter one of the following results:
    - a. Visible decay and/or fillings present
    - b. Visible decay present
    - c. (Satisfactory) No obvious problem found
  4. If both “Yes” boxes are checked (Visible decay and/or fillings present and Visible decay), select the option Visible Decay Present. If nothing is checked but the assessment date is filled in and the dental professional's signature is present, select the option, Satisfactory.
- B. Waiver Reasons
1. If the Waiver of Oral Health Assessment Requirement has been completed by the parent or guardian, select one of the following Dental Waiver reasons. You **MUST** enter the Waiver date and select the *Dental Waiver Reason* from the dropdown options:
    - a. Insurance reasons
    - b. Monetary reasons
    - c. Personal reasons
  2. If the form was not submitted, enter the current date in the Waiver Date field and select “Form Not Submitted” from the dental/waiver reason.
- C. Oral Health Assessment Report
1. The Oral Health Assessment Summary report is available through Welligent, *Reports* tab, select *Immunization/Other Health Rpts (Custom Grouping)*, select *Oral Health Assessment Summary, 2539*, enter the appropriate campus name and then click Excel.
  2. To print a roster of students who are required to have the Oral Health Assessment with their status, sign in to Welligent, click the *Reports* tab, select *Immunization/Other Health Rpts (Custom Grouping)*, select *Oral Health Assessment Details, 2541*, and select Campus (it captures all schools in one campus). This report generates a list of all 1st, Kindergarten, and Transitional Kindergarten students for the selected campus, with or without the Oral Health Assessment entered in MiSiS.

### III. ADDITIONAL INFORMATION

- A. This section does not prohibit any of the following:
1. County offices of education from sharing aggregate data collected pursuant to this section with other governmental agencies, philanthropic organizations, or other nonprofit organizations for the purpose of data analysis.
  2. Use of assessment data that is compliant with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) for purposes of conducting research and analysis on

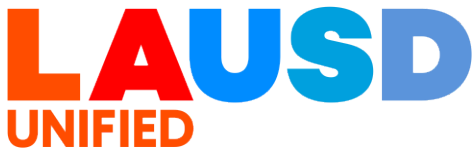
the oral health status of public school pupils in California. The law does not preclude a school from developing a school site-based oral health assessment program to meet the requirements of this section. Information is available through the existing Volunteer Health Services bulletin (see Related Resources).

- B. Parents with difficulty finding a dental office should refer to the notification letter for dental and health insurance resources.
- C. Parents who do not wish to have the assessment performed should return the form and indicate this on the waiver.
- D. No student may be excluded from school for failing to provide an oral health assessment or waiver.
- E. Oral health is integral to overall health, and tooth decay is the most common chronic disease in childhood. Untreated tooth decay contributes to lost school hours, negatively impacts learning, interferes with eating, contributes to poor self-esteem, and can cause considerable pain. Although an infectious agent causes tooth decay, it is a preventable disease and one where early intervention is important for better health outcomes.

**AUTHORITY:** This policy is required by the California Education Code Section 49452.8.

**RELATED RESOURCES:** [BUL-1559.0, Delivery of Volunteer Health & Mental Health Services to Students](#), dated February 3, 2005.  
CDE website: <http://www.cde.ca.gov/ls/he/hn/oralhealth.asp>.

**ATTACHMENTS:** [ATTACHMENT A](#) – English sample Notification Letter To Accompany Oral Health Assessment Form And Waiver Of Oral Health Assessment Requirement Form  
[ANEXO A-1](#) – Spanish Attachment A sample Notification Letter To Accompany Oral Health Assessment/Waiver Request Form  
[ATTACHMENT B](#) – English Oral Health Assessment Form  
[ANEXO B-1](#) – Spanish Attachment B Oral Health Assessment Form  
[ATTACHMENT C](#) – English Waiver of Oral Health Assessment Requirement  
[ANEXO C-1](#) – Spanish Attachment C Waiver of Oral Health Assessment Requirement  
[ATTACHMENT D](#) – ENR 020-0600 K-1 Students Missing Oral Health Assessment of Waiver



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**ASSISTANCE:** For assistance or further information, please contact:

Student Medical Services Branch..... (213) 202-7584  
District Nursing Services Branch ..... (213) 202-7580

MiSiS data entry support .....(213) 241-5200, select Option 5 then Option 2.

Welligent support.....(213) 241-5200, select Option 5 then Option 4.

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**SAMPLE NOTIFICATION LETTER TO ACCOMPANY ORAL HEALTH ASSESSMENT FORM AND  
WAIVER OF ORAL HEALTH ASSESSMENT REQUIREMENT FORM**  
(Use School Letterhead)

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 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) unless you complete a waiver form. 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. If your child had an oral health assessment or dental check-up in the past 12 months, please take the attached form to your child's dentist to complete. If your child does not currently have a dentist, 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 a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply 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. You can call the toll-free Helpline of LAUSD Children's Health Access and Medi-Cal Program (CHAMP) at (213) 241-3840 option 1 or email [champ@lausd.net](mailto:champ@lausd.net) for assistance with getting insurance.
3. 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.

If you cannot take your child for an oral health assessment, please fill out the Waiver of Oral Health Assessment Requirement 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.

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.

Here is additional important information 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 oral health assessment requirement, please contact District Nursing Services, Oral Health Resource Nurse, (213) 202-7580.

Sincerely,

Principal

**FORMULARIO DE EXENCIÓN AL REQUISITO DE REVISIÓN DE LA SALUD ORAL**  
(USE SCHOOL LETTERHEAD)

Estimado padre o Tutor:

La salud bucal ayuda a que su hijo/a tenga un buen desempeño en la escuela. Para asegurarse de que su estudiante esté listo para la escuela, la Sección 49452.8 del Código de Educación de California requiere que su estudiante reciba una revisión de salud oral o un chequeo dental en su primer año en la escuela pública (kindergarten o primer grado), a menos de que usted llene un formulario de exención. Cada menor necesita una revisión de salud oral de un dentista con licencia u otro profesional de la salud dental con licencia o registrado, y un formulario de revisión de Salud Oral cumplimentado (adjunto a esta carta) para cumplir con este requisito.

Si su hijo/a no ha recibido una revisión de salud oral en los últimos 12 meses, necesitará una antes del 31 de mayo. Si su estudiante recibió una evaluación de salud oral o un chequeo dental en los últimos 12 meses, por favor lleve el formulario adjunto al dentista de su hijo/a para que lo complete. Si su estudiante actualmente no tiene un dentista, la siguiente información le ayudará a encontrar un dentista:

1. Puede llamar al Centro de Servicio Telefónico de Medi-Cal al 1-800-322-6384 o visitar Smile California - *Find a Dentist* (<https://smilecalifornia.org/find-a-dentist/>) para encontrar un dentista que acepte Medi-Cal. Para obtener ayuda con la inscripción de su estudiante en Medi-Cal, la puede solicitar por correo oficial, presentarse en la oficina local de Servicios Sociales, o enviar la solicitud en línea por *Apply for Medi-Cal*. (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>)
2. Puede llamar a la línea de ayuda gratuita del Programa de Acceso a la Salud Infantil y Medi-Cal (CHAMP) de LAUSD al (213) 241-3840 Opción 1 o enviar un correo electrónico [a\\_champ@lausd.net](mailto:a_champ@lausd.net) para recibir ayuda con la obtención de un seguro.
3. Para obtener recursos adicionales que podrían ser útiles, comuníquese con su departamento de salud pública local, haga clic en *Apply for Health Coverage* (<https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>) para encontrar su cobertura de salud.

Si usted no puede llevar a su estudiante para una revisión de salud oral, por favor llene el Formulario de Exención del Requisito de Revisión de Salud Oral, y entréguelo.

Favor de entregar el formulario a (ingresar la información específica de la escuela para la entrega del formulario). La identidad de su hijo/a no estará en ningún informe. Las escuelas protegen la privacidad de la información de salud de los estudiantes. Puede obtener más copias del formulario en la escuela de su hijo/a.

¡Queremos que su estudiante esté sano y listo para la escuela! A pesar de que los dientes de leche terminan cayéndose, son muy importantes. Los niños necesitan dientes de leche sanos para comer, hablar, sonreír y sentirse bien consigo mismos. Los niños con caries dentales pueden tener dolor, dificultad para comer, dejar de sonreír, y tener problemas para prestar atención y aprender en la escuela.

La siguiente información adicional es importante para ayudar a su estudiante a mantenerse saludable:

- Llevar a su hijo/a al dentista. Los chequeos dentales pueden ayudar a mantener la boca de su hijo/a saludable y libre de dolor.
- Elegir alimentos saludables para toda la familia, como frutas y verduras frescas.
- Cepillarse los dientes al menos dos veces al día con pasta dental que contenga fluoruro.
- Limitar los dulces y las bebidas dulces como ponche, jugo o soda. Las bebidas dulces y los dulces contienen mucha azúcar, lo cual causa caries y deja menos espacio para que su hijo/a consuma alimentos y bebidas saludables. Las bebidas dulces y los dulces también pueden causar problemas de peso, lo cual puede conducir a otras enfermedades, como la diabetes. Dele a su hijo/a opciones saludables como agua, leche y fruta.

Si tiene preguntas sobre el requisito de evaluación de salud oral, comuníquese con los Enfermeros de Recursos de Salud Oral, que forman parte de los Servicios Enfermería Distrital al (213) 202-7580.

Atentamente,

Director/a



**Oral Health Assessment Form**

California law (*Education Code Section 49452.8*) says every child must have a dental check-up (assessment) by May 31 of the child’s kindergarten or, if no kindergarten, first grade 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.

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.

<b>SECTION 1: To be completed by the parent or guardian</b>				
Child’s First Name:	Last Name:	Middle Initial:	Birth Date (mo/day/year):	
Street Address:		Apt: City:	Zip:	Phone: ( ) ( )
School Name:	Teacher:	Child’s Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Grade:	Parent/Guardian Name:
Child’s Race/Ethnicity (Optional):				
<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"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (please specify)	

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.

<b>SECTION 2: Oral Health Data Collection</b>			
<b>To be completed by a California licensed dental professional</b>			
Assessment Date:	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="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed

\_\_\_\_\_  
*Signature of Licensed Dental Professional*

\_\_\_\_\_  
*CA License Number*

\_\_\_\_\_  
*Print Name*

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

\*Check “Yes” for Caries experience if there is presence of untreated decay or fillings

\*Check “No” for Caries experience if there is not untreated decay and no fillings

**RETURN THIS FORM TO THE SCHOOL NO LATER THAN MAY 31**  
Original to be kept in student’s school health record

**Formulario de Revisión de Salud Oral**

La ley de California (Sección 49452,8 del Código de Educación) dicta que se debe realizar un chequeo dental a cada niño (revisión) antes del 31 de mayo de su año en kindergarten, o en caso de no haber cursado el Kindergarten, en primero de primaria en la escuela pública. Un profesional dental con licencia de California debe hacer el chequeo y llenar la Sección 2 de este formulario. Si su hijo/a recibió un chequeo dental en los últimos 12 meses, pídale a su dentista que llene la Sección 2. Si usted no puede obtener un chequeo dental para su hijo, llene el formulario de Exención del Requisito de Revisión de Salud Oral por separado.

Los niños necesitan una buena salud oral para hablar con confianza, expresarse, estar sanos y listos para aprender. La mala salud oral se ha relacionado con un menor rendimiento escolar, relaciones sociales deficientes y menos éxito en el futuro. Por esta razón, le agradecemos por su contribución a la salud y el bienestar de los niños de California.

<b>SECCIÓN 1: A ser completado por el padre o tutor</b>				
Nombre del niño/a:	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento (mes/día/año):	
Domicilio:		Dpto.: Ciudad:	Código postal:	Tel.: ( )
Nombre de la escuela:	Maestro/a:	Género del niño/a: <input type="checkbox"/> Masc. <input type="checkbox"/> Fem. <input type="checkbox"/> No binario		Grado: Nombre del padre de familia/tutor legal:
Origen racial/étnico del menor (opcional):				
<input type="checkbox"/> Blanco	<input type="checkbox"/> Afrodescendiente/Afroamericano	<input type="checkbox"/> Hispano/Latino	<input type="checkbox"/> Asiático	<input type="checkbox"/> Indígena Americano
<input type="checkbox"/> Multirracial	<input type="checkbox"/> Originario de Hawái /isleño del Pacífico	<input type="checkbox"/> Desconocido	<input type="checkbox"/> Otro (especificar)	

La ley de California requiere que las escuelas protejan la privacidad de la información de salud de los estudiantes. La identidad de su hijo/a no estará asociada con ningún informe que sea resultado de este requisito. Si tiene alguna pregunta sobre este requisito, favor de comunicarse a la oficina de su escuela.

<b>SECCIÓN 2: Recopilación de datos de salud oral</b>			
<b>A ser completado por un profesional dental con licencia de California</b>			
Fecha de la revisión:	Caries no tratada (presencia de caries visibles): <input type="checkbox"/> Sí <input type="checkbox"/> No	*Historial de caries: (presencia de caries y/o empastes visibles) <input type="checkbox"/> Sí <input type="checkbox"/> No	Tratamiento de emergencia: <input type="checkbox"/> No se encontró un problema obvio <input type="checkbox"/> Se recomienda atención dental temprana <input type="checkbox"/> Se necesita atención urgente

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Número de licencia del dentista profesional

\_\_\_\_\_  
Nombre con letra de molde

\_\_\_\_\_  
Fecha

\* Marcar "Sí" en la sección de caries si hay presencia de caries o empastes no tratados

\* Marcar "No" en la sección de caries si no hay caries sin tratar y empastes

**ENTREGUE ESTE FORMULARIO EN LA ESCUELA A MÁS TARDAR EL 31 DE MAYO**

El formulario original se archivará en el registro escolar del estudiante.

**Waiver of Oral Health Assessment Requirement**

To be filled out by parent or legal guardian **ONLY** if asking 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.)

**Insurance Reasons:**

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:

Healthy Kids

Medi-Cal/Dental-Cal

Covered California

None

Other: \_\_\_\_\_

**Monetary Reasons:**

I cannot afford an oral health assessment for my child.

**Personal Reasons:**

I cannot find the time to get to a dentist (e.g., cannot get time off from work, the dentist does not have convenient office hours) or 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)

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*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**

**Original to be kept in student's school health record**

**Formulario de Exención al Requisito de Salud Oral**

**ÚNICAMENTE el padre/madre de familia o tutor pueden llenar esta sección para solicitar una exención.**

Solicito que mi hijo/a sea eximido del requisito de evaluación de salud oral por la siguiente razón:  
(Por favor marque la casilla que mejor describe la razón.)

**Razones del seguro:**

No puedo encontrar un consultorio dental que acepte el plan de seguro de mi hijo/a.

Mi hijo/a está cubierto por el siguiente plan de seguro:

Healthy Kids

Medi-Cal/Dental-Cal

Covered California

Ninguno

otro: \_\_\_\_\_

**Razones monetarias:**

No puedo pagar una evaluación para mi hijo.

**Razones personales:**

No puedo encontrar el tiempo para ir a un dentista (por ejemplo, no puedo obtener tiempo libre del trabajo, el dentista no tiene horarios convenientes de oficina) o no puedo llegar a un dentista fácilmente (por ejemplo, no tengo transporte, ubicación demasiado lejos).

No creo que le sea conveniente una evaluación a mi hijo/a.

Otro (favor de especificar la razón no mencionada anteriormente como motivo para solicitar la exención de esta evaluación para su hijo/a):

\_\_\_\_\_  
*Firma del Padre de Familia*

\_\_\_\_\_  
*Nombre con letra de molde*

\_\_\_\_\_  
*Fecha*

La ley establece que las escuelas deben proteger la privacidad de la información de salud de los estudiantes. El nombre de su hijo/a no formará parte de ningún informe como resultado de esta ley. Esta información solo se puede utilizar para fines relacionados con la salud de su hijo/a. Si tiene alguna pregunta, favor de llamar a su escuela.

**ENTREGUE ESTE FORMULARIO EN LA ESCUELA A MÁS TARDAR EL 31 DE MAYO**

**El formulario original se archivará en el registro escolar del estudiante**



**ENR 020-0600**  
**K-1 Students Missing Oral Health**  
**Assessment or Waiver**

May 16, 2024

The purpose of this job aid is to provide instruction on how to access and update the **Oral Health Assessment** information for a student.

**BUL-3585.7 Oral Health Assessment for Kindergarten or First Grade**, On January 1, 2007, legislation was chaptered into California Education Code Section 4952.8 which mandates an oral health assessment for kindergarten and certain first grade enrollees. Kindergarten student while enrolled in a public school, or first grade students not previously enrolled in a public school, must present evidence of having received an oral health assessment by May 31 of the school year. This assessment may be performed no earlier the 12 months prior to the date of the initial enrollment of the student into a public school. This law will impact students currently enrolled in kindergarten or first grade.

Users with the **Office Manager, Health Office, and Nursing Office Admin** will be able to perform the tasks outline in this document. The job aid was created using the **Office Manager** role at an **elementary** school.

**LOG IN**

1. Log in to MiSiS at <http://misis.lausd.net/start>, using your single sign-on (SSO).
2. Select the correct user role from the landing page.

**MENU PATH**

**Student Profile > Miscellaneous > Health Screening**

**PROCEDURE**

- Step 1** Type the student's name in the **Search Students** field and click **Search**.
- Step 2** When the results display, click on the student's name to access the **Student Profile**.

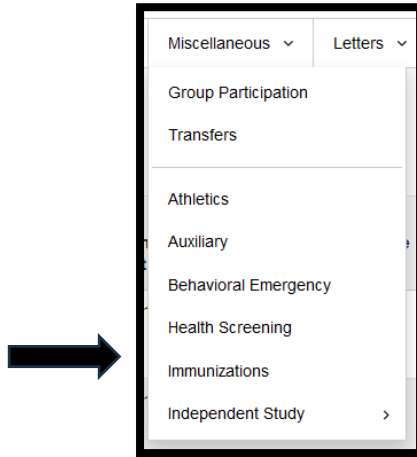


**ENR 020-0600**  
**K-1 Students Missing Oral Health**  
**Assessment or Waiver**

May 16, 2024

**Step 3** Hover over the **Screening** option.

**Miscellaneous** menu and select the **Health**



**Step 4** Scroll down to the section, **Dental/Oral Health Assessment**. Enter the date and click on the drop-down list for the desired selection to update the student's health information.

<b>Dental/Oral Health Assessment</b>			
Waiver Date:	<input type="text" value="05/05/2024"/>	Dental Waiver Reason:	<input type="text" value="-Select Dental Waiver R..."/>
Dental Examination Date:	<input type="text"/>	Dental Examination Result:	<input type="text" value="-Select Dental Examinati..."/>

Note: You can *either* enter the Waiver Date and Dental Waiver Reason *OR* the Dental Examination Date and the Dental Examination Result. Once you enter the date for one, the other option will be greyed out (locked).

**Step 5** Click the **Save** Button.