



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

TITLE: Oral Health Assessment for Kindergarten or First Grade

NUMBER: BUL-3585.6

ISSUER: Rene Gonzalez, Interim Executive Director
Student Health and Human Services

DATE: August 1, 2016

PURPOSE: 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](#).

MAJOR CHANGES: This Bulletin replaces BUL-3585.5, dated May 10, 2010 of the same title. This revision reflects updates in MiSiS data entry, provides instructions on how to generate reports in Welligent, and updates contact information.

POLICY: On January 1, 2007, legislation was chaptered into California Education Code Section 49452.8 which mandates an oral health assessment for kindergarten and certain first grade enrollees. Kindergarten students 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 than 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.

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 guardian 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 are not able to comply with the oral health assessment (for example, students may not be excluded from school for noncompliance with the assessment or waiver).

ROLE OF SCHOOLS IN NOTIFICATION

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

ROUTING
LD Superintendents
Principals
Nurses
Physicians
School Administrative Assistants



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should include a notification letter and a copy of the Assessment/Waiver form. Each is described as follows:

Notification Letter

A sample notification letter is included in Attachment A (English and Spanish). This letter includes all the elements that are required by Education Code Section 49452.8. Schools are encouraged to reproduce copies of the letter on school letterhead with the principal's signature. Schools should complete the letter by filling in a school contact person's name and telephone number for any questions, and the date and year by which the Assessment forms should be returned. The Education Code requires the forms to be returned by May 31 of the current school year for kindergarten and first grade enrollees. 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. Translations into other languages are also available on the on the CDE website (see Related Resources).

Assessment/Waiver Form

A standardized Assessment/Waiver form adopted from the California Department of Education is included as Attachment B (English and Spanish). Schools should reproduce these forms and send them home with the notification letter to parents/guardians of students who are subject to the assessment requirements. A Spanish translation of the assessment form is also available and should be distributed accordingly. These forms should be completed by the parent/guardian and dental health professional, where indicated.

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 and assessment form sent home to their parents or guardians. Schools are encouraged to distribute this information as soon as possible to allow families the opportunity to complete the assessment and comply with the law before the May 31 due date. Schools may include the notification letter and assessment forms with kindergarten and first grade enrollment materials.

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 *School*. This report generates a list of all 1st, Kinder and Transitional Kinder students for the selected school with or without the Oral Health Assessment entered in MiSiS.

ROLES OF SCHOOLS IN DATA COLLECTION AND ENTRY

After distribution of the notification letter and the Assessment/Waiver form, each public school is required to collect the Assessment/Waiver forms returned by parents



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or guardians by May 31 of each school year. Schools must maintain the privacy of students' health information.

After the Assessment/Waiver forms are collected at each school, enter the data in MiSiS, *Miscellaneous* tab, *Health Screening* in the *Dental/Oral Health Assessment* section. After the data has been entered, keep all forms in students' cumulative record folders. MiSiS Health Screening data interfaces with Welligent.

1. Oral Health Assessment Results Documentation in MiSiS

The *Dental/Oral Health Assessment* information is located in the *Miscellaneous* tab, *Health Screening* option.

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 student enrollment; a future date cannot be entered.

Enter one of the following results:

- a. Visible caries and/or fillings present
- b. Visible caries present
- c. (Satisfactory) No obvious problem found

If both "Yes" boxes are checked (Visible caries and/or fillings present and Visible caries), check the boxes next to Visible Decay/Fillings and Visible Decay Present. If nothing is checked, but the assessment date is filled in and there is a signature of the dental professional, click the box next to Satisfactory.

2. Waiver Reasons

If Section 3: 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

If the optional section is filled out, enter the Waiver Reason most appropriate. If the form was not submitted, enter the data entry date in the *Waiver Date* field and select from the *Dental/Waiver Reason*, "Form Not Submitted."

3. Dental Exam Report

The Oral Health Assessment Summary report is available through Welligent, *Reports* tab, select *Immunization/Other Health Rpts (Custom Grouping)*, select



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Oral Health Assessment Summary, 2539, enter appropriate school and then click Excel.

4. Additional Information

- a. Use of assessment data contained in the Assessment/Waiver forms is compliant with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) for purposes of conducting research and analysis on the oral health status of students in California.
- b. 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).
- c. Parents who have difficulty finding a dental office should refer to the notification letter for dental and health insurance resources.
- d. Parents who do not wish to have the assessment performed should return the form and indicate this on the waiver.
- e. No student may be excluded from school for failing to produce an oral health assessment or waiver.

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 tooth decay is caused by an infectious agent, 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 and Mental Health Services to Students*](#)
- CDE web site: <http://www.cde.ca.gov/ls/he/hn/oralhealth.asp>

ASSISTANCE: For assistance or further information, please contact Director, Student Medical Services at (213) 202-7584 or District, Nursing Services at (213) 202-7580. For data entry, contact MiSiS at (213) 241-5200 and select Option 5. For Welligent Support, call (213) 241-4174.



ATTACHMENT A

**SAMPLE NOTIFICATION LETTER TO ACCOMPANY ORAL HEALTH ASSESSMENT/
WAIVER REQUEST FORM**
(Use School Letterhead)

Dear Parent or Guardian:

A child's oral health is very important to their overall health and ability to learn. Effective January 1, 2007, California law (Education Code Section 49452.8) requires that children in kindergarten or first grade, whichever is their first year in public school, have an oral health assessment (dental check-up) by May 31. Please take the attached Oral Health Assessment form to your child's dental office and have it completed by the dentist or dental health professional. Please return the completed form by May 31, _____. (year)

Proof of a dental check-up in the last 12 months before your child enters school also meets this requirement.

If you don't have medical or dental insurance for your child and would like assistance getting insurance, call the toll-free Helpline of the LAUSD Children's Health Access and Medi-Cal Program (CHAMP) at **1-866-742-2273**. If you need information on services and referrals, you can also call the county information line at **211**.

For free and low-cost health services, you can call the Los Angeles County Department of Public Health at **1-800-427-8700** or the Los Angeles Dental Society at **213-380-7669**.

If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the form at your child's school. All schools will maintain the privacy of students' health information.

Healthy teeth help children eat properly, talk, smile, and feel good about themselves. Even baby teeth are very important. You can help your child by doing the following:

- Take your child to the dentist twice a year for a check-up.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Limit candy and sweet drinks, such as punch or soda, which cause cavities and can lead to weight problems.

If you have questions about the oral health assessment requirement, please contact _____.
(School contact for forms, questions, etc.)

Sincerely,

Principal



**SAMPLE NOTIFICATION LETTER TO ACCOMPANY ORAL HEALTH
ASSESSMENT/WAIVER REQUEST FORM**
(Use School Letterhead)

Estimado Padre o Tutor Legal:

La salud dental de un niño es muy importante para su salud general y su desarrollo educativo. A partir del 1^{ro} de enero del 2007, la ley de California (Código de Educación Sección 49452.8) requiere que su niño tenga una evaluación de su salud dental para el 31 de mayo. Esta ley es para los niños del kindergarten o del primer grado, cualquiera sea su primer año en una escuela pública. Por favor lleve el formulario adjunto a la oficina dental de su niño y pida que el dentista o un profesional de salud dental lo llene. Por favor devuelva el formulario ya completado para el 31 de mayo del _____. (año)

Si su hijo tuvo un examen dental en los últimos 12 meses antes de que entre a la escuela, usted cumple con esta nueva ley; solo lleve un comprobante a la escuela.

Si no tiene seguro médico o dental para su niño y quisiera ayuda en obtener seguro, llame a la línea gratis y de ayuda directa para niños del Distrito Escolar Unificado de Los Angeles (LAUSD por sus siglas en inglés) y al Programa de Medi-Cal (CHAMP) al 1-866-742-2273. Si necesita información sobre servicios o remisiones, también puede llamar a la línea de información del condado al 211.

Para obtener servicios de salud gratis o a bajo costo puede llamar al Departamento de Salud Pública del Condado de Los Angeles al 1-800-427-8700 o a la Sociedad Dental de Los Angeles al 213-380-7669.

Si no puede llevar a su hijo a éste examen requerido, por favor indique la razón de esto en la Sección 3 del formulario. Puede obtener más copias de este formulario en la escuela donde asiste su niño. Todas las escuelas mantendrán la privacidad de la información de los estudiantes.

El tener dientes saludables ayuda a los niños a comer apropiadamente, a hablar, a sonreír y a sentirse bien sobre sí mismos. Incluso los dientes de bebé son importantes. Usted puede ayudar a su niño haciendo lo siguiente:

- Lleve a su hijo al dentista dos veces al año para un examen.
- Cepille los dientes por lo menos dos veces al día con pasta de dientes que contenga fluoruro.
- Escoja comida saludables para toda la familia. Las comidas frescas son en general las más saludables.
- Limite los caramelos y las bebidas dulces, como los jugos o soda, ya que causan caries y puede que ocasionen problemas de peso.

Si tiene preguntas acerca de los requisitos para la evaluación de salud bucal, favor de comunicarse con _____, al _____.

(School contact for forms, questions, etc.).

Atentamente,

(Director/a)

ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM

California law, *Education Code Section 49452.8*, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Student's Last Name	First Name	Middle Initial	Birth Date (mo/day/year)
Address		City	Zip
			Phone ()
School Name	Teacher	Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name
Child's race/ethnicity: (Optional): <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
SECTION 1: To be completed by the parent or guardian			

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.

➤ _____
Signature of parent or guardian *Date*

SECTION 2: Oral Health Data Collection			
To be completed by the dental professional conducting the assessment			
Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries 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 <input type="checkbox"/> Urgent care needed

➤ _____
Signature of Dental Professional *Date*

SECTION 3: Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting 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.) <input type="checkbox"/> 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: <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> None <input type="checkbox"/> Other _____ <input type="checkbox"/> I cannot afford an oral health assessment for my child. <input type="checkbox"/> I do not wish my child to receive an oral health assessment. Optional: Other reasons my child could not get an oral health assessment _____

RETURN THIS FORM TO THE SCHOOL BY MAY 31.
Original to be retained in student's school record.

Evaluación de la Salud Dental y Formulario para Solicitar una Exención

El Artículo 49452.8 del *Código de Educación* de la ley de California ahora dispone que su hijo de kinder o de primer grado deba ser sometido a una evaluación de salud dental para el 31 de mayo durante su primer año en la escuela pública. La ley especifica que la evaluación deberá ser realizada por un dentista titulado o por algún otro profesional registrado o con licencia para ejercer en el área de la salud dental. Los exámenes dentales que se han llevado a cabo durante los 12 meses antes de que su hijo entre a esta escuela también cubren este requisito. Si no puede llevar a su hijo(a) a que le hagan este exámen, se le puede exentar de este requisito llenando la Sección 3 de esta forma.

Sección 1: Debe ser completada por el padre, la madre o el tutor legal			
Nombre del alumno	Apellido	Inicial (segundo nombre)	Fecha de nacimiento: (mes/día/año):
Domicilio		Ciudad	Zona Postal
			Teléfono ()
Nombre de la escuela	Maestro(a)	Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Nombre del padre o tutor:
Raza o grupo étnico del (la) niño(a): (Opcional) <input type="checkbox"/> Nativo de Alaska <input type="checkbox"/> Indioamericano <input type="checkbox"/> Asiático <input type="checkbox"/> Afroamericano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Nativo de Hawaii/Islands del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Se desconoce <input type="checkbox"/> Otro: _____			

La ley de California dispone que las escuelas deban mantener confidencial la información de la salud de los estudiantes. La identidad de su hijo(a) no se relacionará con ningún informe que se elabore como resultado de este requisito. Si tiene preguntas en relación con esto, por favor comuníquese con la oficina de su escuela.

➤ _____
Firma del padre o tutor _____ *Fecha*

SECTION 2: Oral Health Data Collection			
To be completed by the dental professional conducting the assessment (Debe ser completada por el profesional dental que realiza la evaluación)			
Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries 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 <input type="checkbox"/> Urgent care needed

➤ _____
Signature of Dental Professional _____ *Date*

SECCIÓN 3: Exención del Requisito para la Evaluación de la Salud Dental
Debe ser completada por el padre, la madre o tutor legal que solicite la exención de este requisito
Solicito que a mi hijo(a) se le exente del requisito de la evaluación dental debido a la siguiente razón: (Por favor marque el cuadro que describa la razón)
<input type="checkbox"/> No puedo encontrar una oficina dental que acepte el plan de seguro de mi hijo(a). Mi hijo(a) está cubierto(a) por el siguiente plan de seguro: <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> Ninguno <input type="checkbox"/> Otro _____
<input type="checkbox"/> No puedo pagar una evaluación de salud dental para mi hijo(a).
<input type="checkbox"/> No deseo que a mi hijo(a) se le haga una evaluación de salud dental.
Opcional: Otras razones por las cuales a mi hijo(a) no se le puede realizar una evaluación dental _____

DEVUELVA ESTA FORMA A LA ESCUELA PARA EL 31 DE MAYO.
El original se archivará en el expediente original del estudiante.