



# KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK



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SACRAMENTO COUNTY  
PUBLIC HEALTH



# KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK

Forms are available on the System for California Oral Health Reporting (SCOHR)

<https://www.ab1433.org/home/reporting>

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# KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK

## SACRAMENTO COUNTY PUBLIC HEALTH

### Purpose

State law requires that children have a dental checkup by May 31 of their first year in public school. The Sacramento County Kindergarten Oral Health Assessment Handbook is a tool designed to assist school staff in administering the Kindergarten Oral Health Assessment requirement. The Sacramento County Oral Health Program is committed to streamlining the reporting process and encouraging district-wide participation throughout Sacramento County.

### What are the intended impacts of the oral health assessment?

Tooth decay affects 61 percent of California's children by the time they reach third grade. Although tooth decay is easily preventable, it is also a progressive infection that does not heal without treatment. If tooth decay goes untreated, children may develop infections severe enough to require emergency room treatment. Additionally, their adult teeth may be permanently damaged. The requirement for children entering kindergarten or first grade to have an oral health assessment is intended to:



- Raise awareness about the relationship between oral health, overall health, and readiness to learn;
- Connect children with dental professionals who can care for their oral health;
- Encourage eligible families to enroll in Medi-Cal Dental;
- Identify barriers to care to assist families in responding to their children's oral health needs; and
- Provide data to support oral health advocacy.

This requirement intends to help children get the oral health care they need to be healthy and ready for school. The Kindergarten Oral Health Assessment is a great opportunity for parents and guardians to learn about their child's oral health.

## Children's Oral Health



While there are many factors that influence a child's performance and success in school, one of the most important elements is health. The American Academy of Pediatrics states that the number one chronic disease affecting young children, early childhood caries (dental decay and cavities), is five times more common than asthma. Children need healthy teeth in order to eat properly, speak, smile, feel good about themselves and do

well in school.

Schools play a vital role in communicating the importance of oral health to parents and the assurance that the information collected and reported is secure. All reasonable efforts to encourage parents to seek a dental check-up for their child and return the state-approved Oral Health Assessment Form or Waiver form are essential to fulfilling the intent of the legislation. In addition, sharing local oral health data with school board members, parent-teacher organizations, community organizations, local dental societies and public health agencies will assist in the development of partnerships and strategic plans to meet community needs.

### School-Based Oral Health Programs

School-based oral health programs are examples of collaborative partnerships formed to improve access to preventive oral health services in Sacramento County. Services provided by school-based programs include oral health screenings and application of fluoride varnish. Current school-based oral health programs in Sacramento County provide care-coordination services to assist families in accessing dental care for their children. These programs also assist schools and districts by offering the screening services necessary for completion of the Kindergarten Oral Health Assessment Form.

### Oral Health Assessment Legislation

#### AB 1433

California ranks among the lowest in the nation on children's oral health status. To address these disparities, California signed into law the Oral Health Assessment requirement (AB 1433) in 2005 as a way for schools to help children stay healthy. AB 1433 requires that children entering public school for the first time (at kindergarten or first grade) have an oral health assessment performed by a licensed dentist or registered dental hygienist within 12 months prior to or by **May 31** of the child's first year in public school. The ultimate goal of the

legislation is to connect children with a dental home. For more information on AB 1433, visit [bit.ly/ab-1433](http://bit.ly/ab-1433).

## **SB 379 – Passive Consent**

SB 379, passed in 2017, requires school districts to submit a report to the County Office of Education or to a system designated by the state dental director, or both, by **July 1** of each year (see System for California Oral Health Reporting, pg. 8). Additionally, SB 379 allows schools to provide free oral health assessments at school sites via passive consent. This means, if a school or school district hosts a free oral health event where a licensed dental professional performs an oral health assessment, students shall receive the oral health assessment unless the parent or legal guardian of the student opts out. With passive consent, schools are able to assess a greater number of children and refer children that need dental care to a dentist. SB 379 also requires that school districts include data for the number of assessed children found to have dental caries experience (see below). For more information on SB 379, visit [bit.ly/sb-379](http://bit.ly/sb-379).

## **California Education Code**

California Education Code Section 49452.8 states that all school districts shall submit a report each year to the County Office of Education. The report should include:

- The total number of pupils in the district, by school, who are subject to the oral health assessment requirement (i.e. the number of kindergarten students plus the number of first grade students who did not attend public school kindergarten).
- The total number of pupils who present proof of an assessment.
- The total number of pupils who could not complete an assessment due to financial burden.
- The total number of pupils who could not complete an assessment due to lack of access to a licensed dentist or other licensed dental health professional.
- The total number of pupils who could not complete an assessment because their parents or legal guardians did not consent to their child receiving the assessment.
- The total number of pupils assessed and found to have untreated decay.
- The total number of pupils who did not return either the assessment form or the waiver request to the school.
- The total number of pupils assessed and found to have caries experience.

## Schools – Distributing the Forms

The law requires schools to distribute the state-approved Oral Health Assessment Form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. An Oral Health Notification/Parent Letter that explains the requirement must accompany the Oral Health Assessment Form and Waiver Form and all should be distributed to parents by the first month of the school year. Distribution opportunities include enrollment days, kindergarten orientation, and back-to-school nights. Schools can download the Oral Health Assessment Form, Waiver Form and the Oral Health Notification/Parent Letter by visiting <https://www.ab1433.org/home/reporting>.

**Translation Note to Local Educational Agencies (LEAs):** As a form of assistance to LEAs, the California Department of Education (CDE) offers form translations free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modification, including the addition of local contact information or local data, or modification in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translations, please visit the Clearinghouse for Multilingual Documents (CMD) at <https://www.cde.ca.gov/ls/pf/cm/cefcmd.asp>.

## Information for Parents

### What are parents/guardians expected to do once they receive the Oral Health Assessment Form?

- If the child has not received a dental exam within the last 12 months, parents/guardians should schedule a dental examination with their regular dentist.
- If the child has seen a dentist within the last 12 months, the parent/guardian should ask the dentist's office to complete the required form based on the child's last regular exam.
- If the child has seen a dentist within the last 12 months, but cannot get the dentist to fill out the required form, the parent should submit documentation that the child has completed a dental exam (i.e. dental visit treatment form from the dentist's office that includes the same information as the Oral Health Assessment Form).



## What if a child does not have a dental care provider or his/her family cannot afford an oral health assessment?

All children should obtain an oral health assessment from a licensed dental professional. If a child does not have a regular source of dental care or if their family cannot afford an oral health assessment, please see the Sacramento County Dental Resource Information flyer on Sacramento County's Oral Health website for a list of dental care resources available in Sacramento County or contact your child's school for assistance.

Many schools in Sacramento County offer free dental screening events and/or participate in school-based oral health programs. Parents can check with their child's school to see if these services are available.

## What if a parent/guardian is unable to get an oral health assessment for their child?

The law recognizes that it may not be possible to get the required dental check-up for a child. On rare occasions, a parent/guardian may have their child excused from the requirement by filling out the Oral Health Assessment Waiver Form. To waive the assessment, the parent/guardian **must** identify on the form what prevented them from getting the dental check-up for the child (i.e. I am unable to find a dental office that will take my child's dental insurance plan, or I cannot afford a dental check-up, etc.). **This information is very important and must be included.** The waiver request must be submitted by **May 31st** of the school year.

## Acceptable Documentation

Parents need to submit one of the following documents to meet the requirement:

- The Oral Health Assessment Form, completed by a licensed dentist or registered dental hygienist working within their scope of practice.
- Oral health examination and treatment plan forms provided by a licensed dentist that include the same information listed on the Oral Health Assessment Form.

## Unacceptable Documentation

Verbal confirmation of obtaining an oral health assessment for a child by their parent or legal guardian does not qualify as acceptable documentation. If a parent/guardian is unable to obtain an oral health assessment for their child, the parent/guardian must fill out and sign the Oral Health Assessment Waiver Form. Submission of the waiver form should **not** be used to avoid the important responsibility of obtaining dental health care for a child.



## Data Collection and Reporting

### Sacramento County Oral Health Program

Below is a *brief* overview of the process for reporting oral health data. In addition to this handbook, Sacramento County Oral Health Program (SCOHP) provides trainings and a resource toolkit to assist schools and districts in complying with the mandate. For more information, contact SCOHP.

### System for California Oral Health Reporting – SCOHR

SCOHR is a centralized online method of gathering all required student oral health assessment data. Schools and districts can input, manage, and track oral health assessment data. There are two types of accounts available for this purpose. “Participating” schools enter the required data from the Oral Health Assessment form plus demographic information found in Section 1. This gives the participating school the capacity to track the status of forms, upload bulk data, print pre-filled forms, run reports and more. “Non-Participating” schools have the option of inputting only Section 2 and 3 of the Oral Health Assessment Form (see California Education Code, page 5). For more SCOHR information or to create an account, visit [www.ab1433.org](http://www.ab1433.org).

**At a minimum**, schools and districts must gather and report the **required** data. This process is described below.

### Schools

Schools are responsible for collecting each student’s Oral Health Assessment Form or signed waiver by **May 31st**.

#### Option 1: Participating Schools

Enter data from Oral Health Assessment Form - Sections 1, 2 and 3

- Enter all data directly into SCOHR by July 1<sup>st</sup>.

**For more information on becoming a participating school and the advantages, please contact SCOHR at [scohr@sjcoe.net](mailto:scohr@sjcoe.net).**

## Option 2: Non-Participating Schools

Enter data from Sacramento County KOHA Aggregate data form

- Enter Section 2 and 3 aggregate data directly into SCOHR by July 1 **OR**
- Complete Oral Health Data Worksheet and submit to district by last day of school.

## Districts

School districts are responsible to ensure all data from each school in their district is entered into SCOHR. Individual school data should be reported, not a sum of all students in the district.

Enter data from each school into SCOHR, if schools have not done so:

- Obtain Oral Health Data Worksheet from each school by last day of school.
- Enter data directly into SCOHR by July 1 (see Schools - Options 1 and 2 above).

## Timeline Review

- July: begin distribution of KOHA form and parent letter
- September to May: conduct oral health assessments
- May 31st: last day to collect assessment forms
- June/last day of school: enter data into SCOHR or submit Oral Health Data Worksheet to the district office
- July 1st: deadline to enter data into SCOHR

## County Office of Education

Sacramento County Office of Education will access a SCOHR account to monitor compliance from all school districts in the county.

- Confirm that all schools in each district have reported in by July 1.