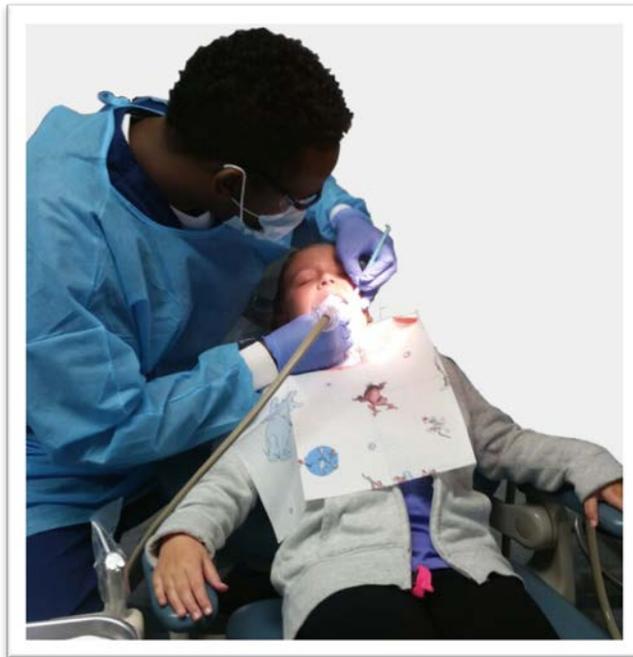


# Oral Health Assessment Handbook



County of San Diego Health & Human Services Agency  
Maternal, Child, and Family Health Services  
Child Health and Disability Prevention Program  
Dental Health Initiative-Share the Care



## About This Handbook

The Oral Health Assessment Handbook was developed by the Dental Health Initiative-Share the Care (DHI-STC) Program and is designed to provide information about the oral health assessment requirement to school staff. This handbook and any forms referenced in the document are also available online at the County of San Diego Child Health and Disability Prevention (CHDP) Program website: [www.chdpsd.org](http://www.chdpsd.org). Additional oral health information and resources can be found at the DHI-STC website at: [www.sharethecaredental.org](http://www.sharethecaredental.org).

For any questions regarding the oral health assessment requirement, reporting, or assisting a child in receiving free or low-cost dental or medical care, please call the Child Health and Disability Prevention Program at **(619) 692-8692**.

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## Dental Health Initiative-Share the Care

DENTAL HEALTH INITIATIVE

**SHARE  
THE  
CARE**



The Dental Health Initiative-Share the Care (DHI-STC) Program is a public-private partnership between the County of San Diego Health and Human Services Agency, the San Diego County Dental Society, and the San Diego County Oral Health Coalition. DHI-STC aim to: 1) provide access to emergency dental care for qualifying children, and 2) offer information and education to professionals, parents, and children to

foster ongoing preventive dental care. DHI-STC has served San Diego County communities since 1994. DHI-STC is primarily a grant-funded program and has received recognition for its excellence by the American Academy of Pediatrics, the American Dental Association, and the American Dental Hygienists' Association.

### Children's Oral 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, and seven times more common than hay fever. While there are many factors that influence a child's progress and success in school, one of the most important is their health. In addition, children need healthy teeth in order to eat properly, speak, smile, and feel good about themselves.



### What are the intended impacts of the Oral Health Assessment?



Dental decay affects nearly two-thirds of California's children by the time they reach third grade. Although caries is easily preventable, it is also a progressive infection that does not heal without treatment. If dental decay goes untreated, children may develop cavities/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 of the importance of oral health to overall health and readiness to learn,
- Connect children with dental professionals who can care for their oral health,
- Assist in enrolling children in government benefit programs, such as Medi-Cal,
- Maximize existing systems of care and reimbursement before creating new systems,
- Identify locally-specific barriers to care to assist communities in responding to their children's oral health needs, and
- Provide data for further advocacy.

Remember that this requirement is meant to help children get the oral health care they need to be healthy and ready for school. This is a great opportunity for parents and guardians to learn about their child's health.

### Oral Health Assessment Requirement

According to Children Now, a multi-issue research, policy development, and advocacy organization, California ranks near last 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 California 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 regular source of dental care.

The California Education Code Section 49452.8 (*refer to Appendix A*) states that all school districts shall submit a report each year to the County Office of Education. The report includes the total number of students by school (for which the oral health assessment is required) who:

- Presented proof of an oral health assessment,
- Could not complete an oral health assessment due to financial burden,
- Could not complete an oral health assessment due to lack of access to a licensed dentist or registered dental health professional,
- Did not complete an assessment because their parents or legal guardians did not consent to their child receiving the oral health assessment,
- Are assessed and found to have untreated decay, and
- Did not return either the oral health assessment or waiver request to the school.

A parent may obtain an oral health assessment waiver if they cannot find a dental office that takes their child's insurance, cannot afford to pay for the assessment, or chooses not to have their child have an oral health assessment. Schools must collect specified data, submit it to their school district, and have the school district forward the data to the San Diego County Office of Education (SDCOE) by the end of the year (**December 31**).

As a reminder, completion of an oral health assessment only includes students who submitted proof of completing a dental exam. A waiver of the oral health assessment does not count as complying with the requirement.

## **Schools Responsibility**

The law requires schools to distribute the Oral Health Assessment Form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. Schools must collect the Oral Health Assessment Forms by **May 31** of the school year and are responsible to report totals to their district.

Schools have the vital role of communicating the importance of oral health to parents and of being guardians of the information collected and reported. All reasonable efforts to encourage parents to seek a dental check-up for their child and to return the form, regardless of whether or not the evaluation was completed, are essential to fulfilling the intent of the legislation. Beyond the requirements of the law, schools have historically played an important role in ensuring children are healthy and ready to learn. As barriers to oral health care are identified for your school's children, sharing the data with school board members, parent-teacher organizations, community organization, your local dental society and local public health agencies, will assist the development of partnerships and strategies to build capacity to meet these needs.

## **Distribution of Oral Health Assessment Forms**

Schools should distribute Oral Health Assessment forms to parents within the first month of the school year. Distribution opportunities include: enrollment days, kindergarten round-up, and back-to-school nights.

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



Once parents/guardians receive the Oral Health Assessment Form, they should call and schedule an appointment for an exam if their child has not received a dental exam within the last 12 months. If their child has seen a dentist within the last 12 months, the parent/guardian should call the dentist's office and ask what must be done for the dentist 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 at least submit some type of 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 regular source of dental care or his/her family cannot afford an oral health assessment?

All children should obtain an oral health assessment from their regular source of dental care, however, if a child does not have a regular source of dental care or if their family cannot afford an oral health assessment, the following are resources to assist families in completing the assessment:

- The County of San Diego Maternal, Child, and Family Health Services can help direct families to access the Child Health and Disability Prevention Program at (619) 692-8808.
- A list of Denti-Cal providers along with a list of community dental clinics organized by region (North, East, South, and Central) can be accessed online at: [www.sharethecaredental.org](http://www.sharethecaredental.org).
- The San Diego County Dental Society can make referrals to private dentists. For more information call (619) 275-0244.
- Schools should consider hosting a school sponsored dental screening event. For assistance please contact Elizabeth Ferris at (619) 692-8692.

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

The law recognizes that, under some circumstances, it may not be possible to get the required dental check-up for a child. In this case, a parent/guardian may have their child excused from the requirement by filling out the bottom portion of the Oral Health Assessment Form. To waive (have the child excused from the requirement), the parent/guardian must identify 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 filled out. Have the parent/guardian mark the response that most closely describes the reason that they could not get the dental check-up. The form must be submitted by **May 31** of the school year.

## Acceptable Documentation

Parents will need to submit one of the following documents to meet the oral health assessment requirement:

- The Oral Health Assessment Form (pink) completed by a licensed California dentist, registered dental hygienist, or registered dental health professional (*refer to Appendix B*), or
- The State-approved Oral Health Assessment Form, completed by a licensed California dentist, registered dental hygienist, or registered dental health professional (*refer to Appendix C*). The

State form can be found in more languages on the California Department of Education website at: [www.cde.ca.gov](http://www.cde.ca.gov).

- Other complete oral health examination and treatment plan forms from a licensed California dentist that provide the same information listed on the Oral Health Assessment Form.

## Not Acceptable

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 does not wish to obtain an oral health assessment for their child based on personal beliefs, the parent/guardian must sign the waiver portion at the bottom of the Oral Health Assessment form. The signing of the waiver should not be used by parents/guardians to avoid the important responsibility of obtaining health care for his/her child.

## Data Collection and Tracking for Schools

### Oral Health Assessment Tracker by Student (Microsoft Excel File)

Schools may use the Oral Health Assessment Tracker by Student (a Microsoft Excel file) to record individual student's oral health assessment forms. This file allows staff to track each student (including what he/she submitted, any dental outcomes, etc.) and follow-up with students (who have not submitted, students who were recorded as needing care, etc.). With this tracking document, staff will not have to manually count and record summary numbers because the Excel file has a feature in which all data entered is automatically counted and summed in a separate tab.

### Oral Health Assessment Tracker by Student (Excel File)

Below you will find instructions on how to successfully complete the Oral Health Assessment Tracker by Student (Excel File). The Excel Tracker contains one completely editable field (Student ID), and four locked fields (*Documentation Provided?*, *Waiver Reason*, and *Select if NO Health Exam Documentation OR Waiver*). The locked fields require the user to select an option from the drop down menu, or to type the selection exactly as written.\*

SCHOOL REPORT ORAL HEALTH ASSESSMENT							
Student ID	Grade	OHA Completed? (Select "No" if student provided waiver)	Caries Experience	Visible Decay Present	Treatment Urgency	Waiver Reason (only select an option if a student provided a waiver)	Select if <u>NO</u> OHA <u>OR</u> Waiver
3818	First grade	No				Unable to find a dental office	
4525	First grade	Yes	No	Yes	Early dental care recommended		
4146	Kindergarten	No					NO DOCUMENTATION
3851	First grade	Yes	No	No	No obvious problem found		
2486	First grade	Yes	No response	No response	No response		

Identify student with their school ID# and select their grade

Select Yes if the student submitted proof of an Oral Health Assessment (If they submitted a waiver, select No).

For students that submitted a waiver, select the reason provided on the document.

Only select this option if the student failed to submit an assessment form OR Waiver.

Make selections for each of the following: *Caries Experience*, *Visible Decay Present*, and *Treatment Urgency*, only if the student submitted proof of an Oral Health Assessment. If the student did not turn in proof of an Oral Health Assessment, or turned in a Waiver, these sections **MUST BE LEFT BLANK**.



\*If a user chooses to manually type the selection, but fails to do so exactly as written, an error dialogue box (like the one pictured above), will appear. This can be resolved by clicking retry and using the dropdown or typing the selection exactly as written.

## Data Collection and Reporting for Schools

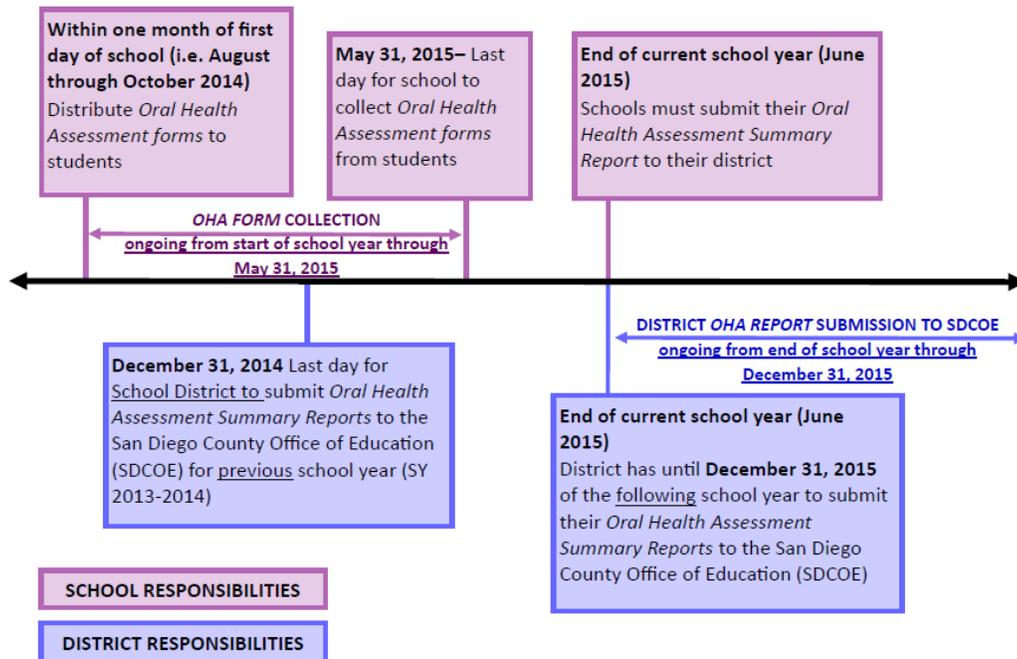
Schools should collect and enter individual student data until **May 31** of the current school year. Schools should submit their individual school data to their district office by the end of the current school year (June).

## Data Collection for School Districts

School districts are expected to compile all data from each public and/or charter school in their district. Individual school data should be reported, not a sum of all students in the district. The annual report for the entire district's *previous* school year should be submitted to the SDCOE by **December 31**.

### Oral Health Assessment Timeline for Schools and School Districts

*Example: School Year 2014-2015*



## Oral Health Assessment Summary Report (Microsoft Word) (*refer to Appendix C*)

The Oral Health Assessment Summary Report is a one page document completed by the school nurse at the end of each school year. This report must be completed with all the required information either by hand or electronically. This version of the report requires the school nurse to manually count and record the summary numbers from each student's records.

*When submitting the school's data to their district, the nurse must use the Oral Health Assessment Summary Report and the school must submit this report to their district for the just completed school year (i.e. June 2015 submitting data for school year 2014-2015).*

Upon opening the Excel file, you will see two tabs (worksheets), one titled 'Student Entry' and the other 'Summary.' To begin data entry, type in the student name or ID of all kindergarten and eligible first grade students (as explained in the Requirements section on Page 4) and the grade in which he/she belongs in the 'Student Entry' worksheet. When you are ready to enter a student's oral health assessment form, find the student's name or ID and electronically enter their information from the form. Please look to the example below:

## Other School Entry Health Requirements

The following are additional school entry health requirements:

- Health Examination
  - All children who enter first grade in a California public, private, or charter school are required by California state law to have a comprehensive health examination completed *within 18 months prior to or 90 days after the first day of first grade*, or submit a signed parental waiver of the health examination. Refer to Appendix E, F, and G for helpful timelines and checklists for the health examination and oral health assessment. For additional information on this requirement, visit [www.chdpsd.org](http://www.chdpsd.org) for the Health Examination Toolkit.
- Immunizations
  - Visit San Diego Immunization Program at [www.sdiz.org](http://www.sdiz.org) for immunization requirements for school entry, related materials and resources, or for answers to frequently asked questions.

For any questions regarding the Oral Health Assessment requirement or how to report please contact:

Jeanne Salvadori  
School Nursing Services Program Specialist  
San Diego County Office of Education  
[jsalvadori@sdcoe.net](mailto:jsalvadori@sdcoe.net) | (619) 718-3118

Elizabeth Ferris, MPH  
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County of San Diego Health & Human Services Agency | Maternal, Child, and Family Health Services  
Child Health and Disability Prevention (CHDP) Program  
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## Appendices

### Appendix A. Oral Health Assessment Education Code

Education Code Section 49452.8 pertaining to Oral Health Assessment (taken from: <http://www.cde.ca.gov/ls/he/hn/oralhealthcode.asp>):

- a) A pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school if the pupil was not previously enrolled in kindergarten in a public school, shall, no later than **May 31** of the school year, present proof of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional operating within his or her scope of practice, that was performed no earlier than 12 months prior to the date of the initial enrollment of the pupil.
- b) The parent or legal guardian of a pupil may be excused from complying with subdivision (a) by indicating on the form described in subdivision (d) that the oral health assessment could not be completed because of one or more of the reasons provided in subparagraphs (A) to (C), inclusive, of paragraph (2) of subdivision (d).
- c) A public school shall notify the parent or legal guardian of a pupil described in subdivision (a) concerning the assessment requirement. The notification shall, at a minimum, consist of a letter that includes all of the following:
  1. An explanation of the administrative requirements of this section.
  2. Information on the importance of primary teeth.
  3. Information on the importance of oral health to overall health and to learning.
  4. A toll-free telephone number to request an application for Medi-Cal or other government-subsidized health insurance programs.
  5. Contact information for county public health departments.
  6. A statement of privacy applicable under state and federal laws and regulations.
- d) In order to ensure uniform data collection, the department, in consultation with interested persons, shall develop and make available on the Internet Web site of the department, a standardized notification form as specified in subdivision (c) that shall be used by each school district. The standardized form shall include all of the following:
  1. A section that can be used by the licensed dentist or other licensed or registered dental health professional performing the assessment to record information that is consistent with the information collected on the oral health assessment form developed by the Association of State and Territorial Dental Directors.
  2. A section in which the parent or legal guardian of a pupil can indicate the reason why an assessment could not be completed by marking the box next to the appropriate reason. The reasons for not completing an assessment shall include all of the following:
    - i. Completion of an assessment poses an undue financial burden on the parent or legal guardian.
    - ii. Lack of access by the parent or legal guardian to a licensed dentist or other licensed or registered dental health professional.
    - iii. The parent or legal guardian does not consent to an assessment.
- e) Upon receiving completed assessments, all school districts shall, by December 31 of each year, submit a report to the county office of education of the county in which the school district is located. The report shall include all of the following:

1. The total number of pupils in the district, by school, who are subject to the requirement to present proof of having received an oral health assessment pursuant to subdivision (a).
  2. The total number of pupils described in paragraph (1) who present proof of an assessment.
  3. The total number of pupils described in paragraph (1) who could not complete an assessment due to financial burden.
  4. The total number of pupils described in paragraph (1) who could not complete an assessment due to lack of access to a licensed dentist or other licensed or registered dental health professional.
  5. The total number of pupils described in paragraph (1) who could not complete an assessment because their parents or legal guardians did not consent to their child receiving the assessment.
  6. The total number of pupils described in paragraph (1) who are assessed and found to have untreated decay.
  7. The total number of pupils described in paragraph (1) who did not return either the assessment form or the waiver request to the school.
- f) Each county office of education shall maintain the data described in subdivision (e) in a manner that allows the county office to release it upon request.
- g) 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 (P.L.104-191) for purposes of conducting research and analysis on the oral health status of public school pupils in California.
- h) This section does not preclude a school district or county office of education from developing a school site-based oral health assessment program to meet the requirements of this section.
- i) The Office of Oral Health of the Chronic Disease Control Branch of the State Department of Health Services shall conduct an evaluation of the requirements imposed by this section and prepare and submit a report to the Legislature by January 1, 2010, that discusses any improvements in the oral health of children resulting from the imposition of those requirements. The Office of Oral Health may receive private funds and contract with the University of California to fulfill the duties described in this subdivision.

SEC. 3. Funds allocated to local educational agencies pursuant to Item 6110-268-0001 of Section 2.00 of the Budget Act of 2006 (Chapters 47 and 48 of the Statutes of 2006) shall first be used to offset any reimbursement to local educational agencies provided pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code for costs mandated by the state pursuant to this act.

SEC. 4. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

## Appendix B. Oral Health Assessment Form (English 2016)

### 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 his 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:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay 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 (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)
<p>_____</p> <p><i>Licensed Dental Professional Signature</i>                      <i>CA License Number</i>                      <i>Date</i></p>			

#### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

<p>Please excuse my child from the dental check-up because: (Check the box that best describes the reason)</p> <p><input type="checkbox"/> I am unable to find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:  <input type="checkbox"/> Medi-Cal/Denti-Cal                      <input type="checkbox"/> Other: _____                      <input type="checkbox"/> None</p> <p><input type="checkbox"/> I cannot afford an oral health screening for my child.</p> <p><input type="checkbox"/> I do not want my child to receive an oral health screening.</p> <p><input type="checkbox"/> Optional: other reasons my child could not get an oral health screening: _____</p> <p>Please sign if asking to waive Oral Health Assessment Requirement: _____</p> <p style="text-align: right;"><i>Signature of parent or guardian</i>    <i>Date</i></p>
---

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 contact your school office.

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.

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services  
For more information, please call (619) 692-8808



Child Health and Disability Prevention Program  
MCFHS/OHA/ES 06/2016

## Appendix B. Oral Health Assessment Form (Spanish 2016)

### Oral Health Assessment Form

La ley de California (Sección 49452.8 del *Código de Educación*) requiere que su hijo/a se haga un chequeo dental antes del 31 de mayo de su primer año en una escuela pública. Un profesional de la salud dental matriculado de California que trabaje dentro de su área de especialización debe realizar el chequeo y completar la Sección 2 de este formulario. Si su hijo/a tuvo un chequeo dental en los 12 meses anteriores al comienzo del año escolar, pídale a su dentista que complete la Sección 2. Si no puede conseguir un chequeo dental para su hijo/a, complete la Sección 3.

#### Sección 1: Información del niño/a (debe ser llenada por el padre/la madre/el tutor)

Primer nombre del niño/a:	Apedillo del niño/a:	Inicial del Segundo nombre:	Fecha de nacimiento del niño/a:
Domicilio:			Apto.:
Ciudad:			Código Postal:
Nombre de la escuela:	Maestro/a:	Grado:	Sexo del niño/a: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre/la madre/el tutor:	Raza u origen étnico (____): <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Africano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Nativo de Hawai o Islas de Pacífico <input type="checkbox"/> Multiracial <input type="checkbox"/> Americano Nativo <input type="checkbox"/> Unknown <input type="checkbox"/> Desconocido <input type="checkbox"/> Otro (especificar) _____		

#### Sección 2: Información de salud dental (Debe ser llenada por un profesional de la salud dental matriculado de California)

**NOTA IMPORTANTE:** Considere cada casilla por separado. Marque cada casilla que corresponda para cada sección.

Fecha de la evaluación / Assessment Date:	Incidencia de caries (caries visibles y o empastes presentes) / Caries Experience (Visible decay and/or fillings present): <input type="checkbox"/> Sí/Yes <input type="checkbox"/> No/No	Caries visibles presentes / Visible decay present: <input type="checkbox"/> Sí/Yes <input type="checkbox"/> No/No	Urgencia de tratamiento: <input type="checkbox"/> Ningún problema obvio / No obvious problem found <input type="checkbox"/> Se recomienda atención dental temprana (caries sin dolor o infección; o el niño/a de beneficiará del sellador dental o de una evaluación adicional) / Early dental care recommended (Caries without pain or infection, or child would benefit from sealants or further evaluation) <input type="checkbox"/> Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) / Urgent care needed (pain, infection, swelling, or soft tissue lesions).
_____ Licensed Dental Professional Signature / Firma del profesional dental matriculado			_____ CA License Number
			_____ Date

#### Sección 3: Exención del requisito de evaluación de salud dental

Debe ser completado por el padre/la madre/el tutor que solicita que su hijo/a sea eximido de este requisito.

Solicito que me hijo sea dispensado este chequeo dental porque: (marque la casilla que mejor indique la razón)

No puedo encontrar un consultorio dental que acepte el plan del seguro dental de mi hijo/a.  
El plan de seguro dental de mi hijo/a es:  
 Medi-Cal/Denti-Cal  Otro: \_\_\_\_\_  Ninguna

No puedo pagar el chequeo dental de me hijo/a.  
 No quiero que a mi hijo/a se le haga un chequeo dental.  
 Opcional: otras razones por las cuales mi hijo/a no pudo obtener un chequeo dental: \_\_\_\_\_

Por favor firme si pide ser dispensado del requisito de recibir la evaluación de salud dental: \_\_\_\_\_

Firma del padre/la madre/el tutor Fecha

La ley establece que las escuelas mantengan la privacidad de la información médica de los estudiantes. El nombre de su hijo/a no formará parte de ningún informe que se realice como resultado de esta ley. Esta información sólo puede ser utilizada para fines relacionados con la salud de su hijo/a. Si tiene alguna pregunta, comuníquese con la escuela.

Regrese este formulario a la escuela antes del 31 de mayo del primer año escolar de su hijo/a.  
El original de este formulario será guardado en el registro escolar del menor.

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services Agency  
Para más información, por favor llame (619) 692-8808



**LIVE WELL  
SAN DIEGO**

Child Health and Disability Prevention Program  
MCFHS/OHA/ES 06/2016

## Appendix C. Oral Health Assessment Form

### Oral Health Assessment Form

Keep this form with your child's immunization record (yellow card)

California law (Education Code Section 49452.8) states that 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 his/her scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up within 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:	Child's Last Name:	Middle Initial:	Child's Date of Birth:
_____	_____	_____	_____
Address:	City:	Zip Code:	
_____	_____	_____	
School Name:	Teacher:	Grade:	Child's Sex (select one):
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's Race/Ethnicity (select one):		
_____	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian		
	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> More than one race		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		

#### Section 2: Oral Health Information (Filled out by California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately – mark the appropriate field in each box.

Assessment Date:	Caries Experience/ Fillings present (select one):	Visible decay present (select one):	Treatment urgency (select one):
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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)
Licensed Dental Professional Signature:	CA License Number:	Date:	
_____	_____	_____	
Provider/Clinic Name:	Phone:	Fax:	
_____	_____	_____	

#### Section 3: Waiver of Oral Health Assessment Requirement (Filled out by parent or guardian asking to be excused from this requirement)

Please excuse my child from the dental check-up because (select one 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 (select one):  Medi-Cal/Denti-Cal  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 reason (specify): \_\_\_\_\_

Please sign if asking to be excused from the oral health assessment requirement: \_\_\_\_\_  
Signature Date

The law states that school 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 any questions, please contact your school office.

Return this form to school by **May 31** of your child's first school year.

Original to be kept in child's school record.

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services  
For more information, please call (619) 892-8808



**LIVE WELL**  
SAN DIEGO

Child Health and Disability Prevention Program  
MCFHS/OHA/ES 01/2015

## Appendix C. Oral Health Assessment Form (Spanish)

### Formulario de Evaluación de Salud Dental

Mantenga esta forma con la tarjeta de vacunas de su niño(a) (Tarjeta Amarilla)

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: _____	Cuidad: _____	Codigo Postal: _____	
Nombre de la escuela: _____	Maestro(a): _____	Grado: _____	Sexo (seleccione uno): <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre o tutor: _____	Raza u origen étnico del niño (seleccione uno): <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afro-americano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Nativo de Hawai o Islas del Pacifico <input type="checkbox"/> Americano Nativo <input type="checkbox"/> Multiracial <input type="checkbox"/> Desconocido <input type="checkbox"/> Otro (especificar): _____		

#### Sección 2: (Filled out by California licensed dental professional) (Debe ser llenado por un profesional de salud dental con licencia de California)

**IMPORTANT NOTE:** Consider each box separately – mark the appropriate field in each box.  
**(NOTA IMPORTANTE:** 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 <input type="checkbox"/> No	Visible decay present (Daño visible presente): <input type="checkbox"/> Yes <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) (necesita atención urgente)
Provider/Clinic Name (Imprima el nombre del Proveedor/ Oficina): _____	Phone (Número de Teléfono): _____	Fax (Número de Fax): _____	
Licensed Dental Professional Signature Firma del profesional dental con licencia: _____	CA License Number (Número de licencia de California): _____	Date (Fecha): _____	

#### 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(a) es:  Medi-Cal/Denti-Cal  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 sera parte de ningún reporte como resultado de esta ley. Esta información solo 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).

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services  
 For more information, please call (619) 892-8808



Child Health and Disability Prevention Program  
 MCFHS/OHA/ES 01/2015

## Appendix D. State Oral Health Assessment Form

Oral Health Assessment Form  
 California Department of Education  
 T07-003, English, Arial Font  
 Page 1 of 1

### 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 his 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:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay 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 (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)
<p>_____</p> <p><i>Licensed Dental Professional Signature</i>                      <i>CA License Number</i>                      <i>Date</i></p>			

#### 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.
- Optional: other reasons my child could 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.

## Appendix D. State Oral Health Assessment Form (Spanish)

Oral Health Assessment Form  
T07-003 (Dec. 2007) Spanish, Arial Font  
Page 1 of 2

### Formulario de evaluación de la salud bucal

La ley de California (Sección 49452.8 del *Código de Educación*) exige que su hijo se haga un chequeo dental antes del 31 de mayo de su primer año en una escuela pública. Un profesional de la salud dental matriculado de California que trabaje dentro de su área de especialización debe realizar el chequeo y completar la Sección 2 de este formulario. Si su hijo tuvo un chequeo dental en los 12 meses anteriores al comienzo del año escolar, pídale a su dentista que complete la Sección 2. Si no puede conseguir un chequeo dental para su hijo, complete la Sección 3.

#### Sección 1. Información del menor (debe ser completada por el padre, la madre o el tutor)

Primer nombre del menor:	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento del menor:
Domicilio:			Dpto.:
Ciudad:			Código postal:
Nombre de la escuela:	Maestro:	Grado:	Sexo del menor: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre/madre/tutor:	Raza/origen étnico del menor: <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afroamericano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Indio nativo americano <input type="checkbox"/> Multirracial <input type="checkbox"/> Otro _____ <input type="checkbox"/> Nativo de Hawai/Islands del Pacífico <input type="checkbox"/> Desconocido		

#### Sección 2. Información de salud dental: debe ser completada por un profesional de la salud dental matriculado de California

[Oral Health Data (To be completed by a California licensed dental professional)]

NOTA IMPORTANTE: Considere cada casilla por separado. Marque cada casilla.

[IMPORTANT NOTE: Consider each box separately. Mark each box.]

Fecha de la evaluación: [Assessment Date:]	Incidencia de caries [Caries Experience] (Caries visibles y/o empastes presentes) (Visible decay and/or fillings present) <input type="checkbox"/> Sí [Yes] <input type="checkbox"/> No [No]	Caries visibles presentes: [Visible Decay Present:] <input type="checkbox"/> Sí [Yes] <input type="checkbox"/> No [No]	Urgencia de tratamiento: [Treatment Urgency:] <input type="checkbox"/> Ningún problema obvio [No obvious problem found] <input type="checkbox"/> Se recomienda atención dental temprana (caries sin dolor o infección o el niño se beneficiará del sellador dental o de una evaluación adicional) [Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation)] <input type="checkbox"/> Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) [Urgent care needed (pain, infection, swelling or soft tissue lesions)]
Firma del profesional de salud dental matriculado [Licensed Dental Professional Signature]			Número de matrícula de CA CA License Number
			Fecha Date]

Oral Health Assessment Form  
T07-003 (Dec. 2007) Spanish, Arial Font  
Page 2 of 2

#### Sección 3. Exención del requisito de evaluación de salud dental

Debe ser completado por el padre, la madre o el tutor que solicita que su hijo/a sea eximido de este requisito.

Solicito que mi hijo sea eximido de este chequeo dental porque: (marque la casilla que describa el motivo)

- No puedo encontrar un consultorio dental que acepte el plan de seguro dental de mi hijo.  
El plan de seguro dental de mi hijo es:  
 Medi-Cal/Denti-Cal  Healthy Families  Healthy Kids  Otro \_\_\_\_\_  Ninguno
- No puedo pagar el chequeo dental de mi hijo.  
 No quiero que a mi hijo se le haga un chequeo dental.

Opcional: otras razones por las cuales mi hijo no pudo obtener un chequeo dental: \_\_\_\_\_

Si pide ser eximido de este requisito: \_\_\_\_\_  
Firma del padre, madre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

La ley establece que las escuelas mantengan la privacidad de la información médica de los estudiantes. El nombre de su hijo no formará parte de ningún informe que se realice como resultado de esta ley. Esta información sólo puede ser utilizada para fines relacionados con la salud de su hijo. Si tiene alguna pregunta, comuníquese con la escuela.

Regrese este formulario a la escuela antes del 31 de mayo del primer año escolar de su hijo.  
El original de este formulario será guardado en el registro escolar del menor.

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAs): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation 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 modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at [cmd@cde.ca.gov](mailto:cmd@cde.ca.gov).]

## Appendix E. Oral Health Assessment Summary Report Form (New 2016)

### School Report – Oral Health Assessment

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

School Year: \_\_\_\_\_ Name of Person Completing Report: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Instructions: This form is to be completed by school nurse. Numbers 1 through 5 should minus out to '0.' Please check your data before submitting. If you have any questions, please call the Child Health and Disability Prevention (CHDP) Health Promotion Program at (619)692-8692. Please submit this form to your district office by June 1st of the current school year.*

1. Total number of students enrolled in kindergarten \_\_\_\_\_
2. Total number of students enrolled in first grade who were not previously enrolled in public school \_\_\_\_\_
3. Total number of students who have completed an oral health assessment  
This does not include students who submitted an oral health assessment waiver \_\_\_\_\_
4. Students who submitted an oral health assessment waiver
  - a. Total number checked 'I am unable to find dental office that will take my child's dental insurance plan' in waiver section \_\_\_\_\_
  - b. Total number checked 'I cannot afford a dental check-up for my child' in waiver section \_\_\_\_\_
  - c. Total number checked 'I do not want my child to receive a dental check-up' in waiver section \_\_\_\_\_
  - d. Total number checked 'Other reasons my child did not get a dental check-up' in waiver section \_\_\_\_\_
  - e. Total number submitted waiver but did not provide reason \_\_\_\_\_
5. Total number of students who did not submit documentation of completed oral health assessment or waiver of oral health assessment.  
**\*\*Note:** Add together the number of enrolled kindergarteners and the number of enrolled first graders. Then, take that number and minus from it the number of completed OHA's, the number of Waivers, and the number of students with "no documentation." **The answer should be "ZERO."**  
**An example: 20 kindergartners + 10 first graders = 30 students. 30 students – 15 OHA's – 10 waivers – 5 No Documentation = 0. Please check your work here:** \_\_\_\_\_
6. Total number of students who reported caries experience  
'Yes' checked under 'Caries Experience' in Oral Health Assessment form \_\_\_\_\_
7. Total number of students who reported visible decay present  
'Yes' checked under 'Visible Decay Present' in Oral Health Assessment form \_\_\_\_\_
8. Total number of students who reported early dental care recommended  
'Early dental care recommended' checked under 'Treatment Urgency' in Oral Health Assessment form \_\_\_\_\_
9. Total number of students who reported urgent care needed  
'Urgent care needed' checked under 'Treatment Urgency' in student's Oral Health Assessment form \_\_\_\_\_

Revised 10/2016

## Appendix E. Oral Health Assessment Summary Report Form (Original)

### School Report – Oral Health Assessment

School Name: \_\_\_\_\_ School District: \_\_\_\_\_  
School Year: \_\_\_\_\_ Name of Person Completing Report: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

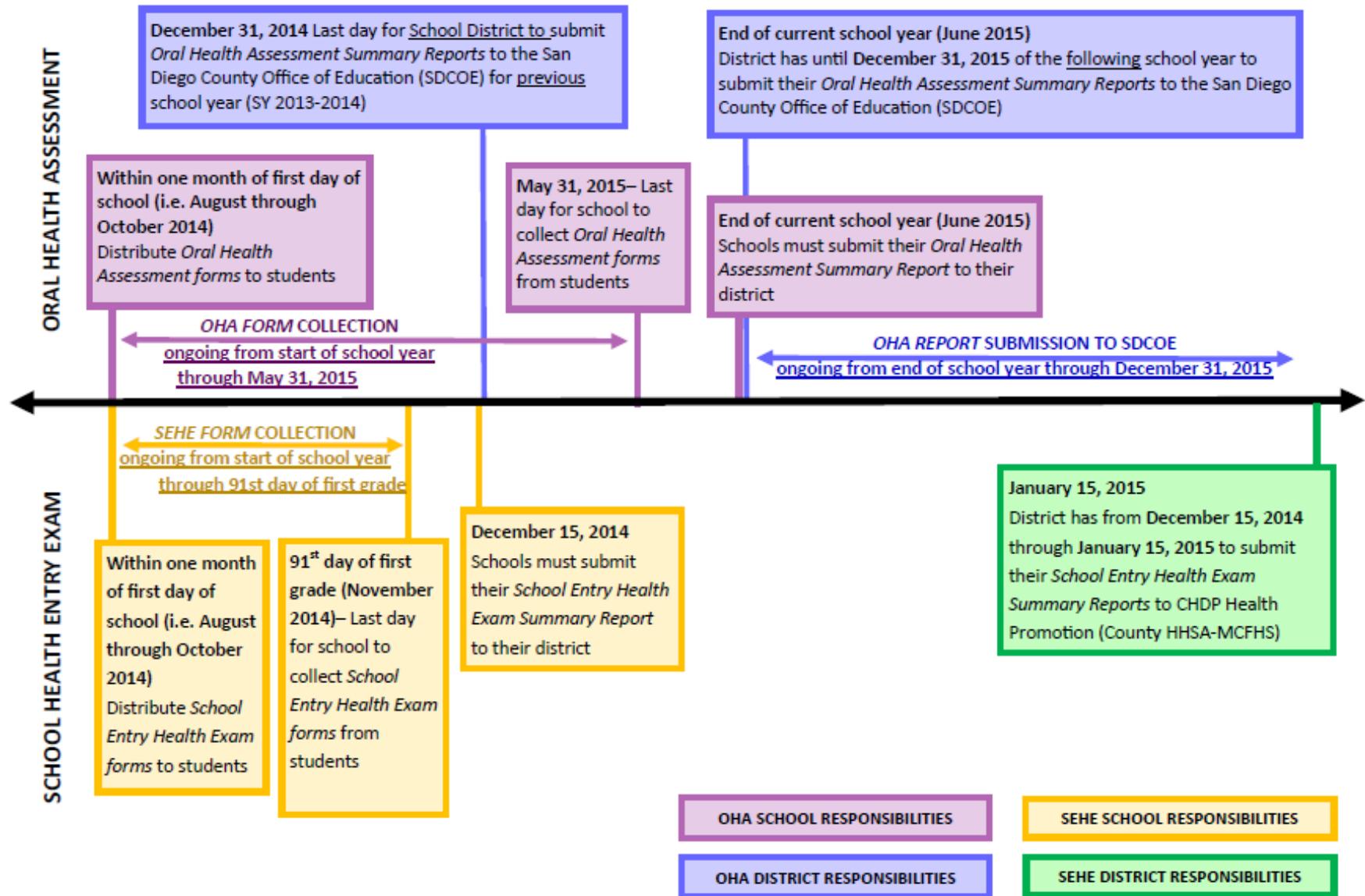
*Instructions: This form is to be completed by school nurse. Please count the total number of kindergarten and eligible first grade students from your school and fill in the appropriate field. If you have any questions, please call the Child Health and Disability Prevention (CHDP) Health Promotion Program at (619)692-8692.*

1. Total number of students enrolled in kindergarten \_\_\_\_\_
2. Total number of students enrolled in first grade who were not previously enrolled in public school \_\_\_\_\_
3. Total number of students who have completed an oral health assessment  
This does not include students who submitted an oral health assessment waiver \_\_\_\_\_
4. Total number of students who reported caries experience  
'Yes' checked under 'Caries Experience' in Oral Health Assessment form \_\_\_\_\_
5. Total number of students who reported visible decay present  
'Yes' checked under 'Visible Decay Present' in Oral Health Assessment form \_\_\_\_\_
6. Total number of students who reported early dental care recommended  
'Early dental care recommended' checked under 'Treatment Urgency' in Oral Health Assessment form \_\_\_\_\_
7. Total number of students who reported urgent care needed  
'Urgent care needed' checked under 'Treatment Urgency' in student's Oral Health Assessment form \_\_\_\_\_
8. Students who submitted an oral health assessment waiver
  - a. Total number checked 'I am unable to find dental office that will take my child's dental insurance plan' in waiver section \_\_\_\_\_
  - b. Total number checked 'I cannot afford a dental check-up for my child' in waiver section \_\_\_\_\_
  - c. Total number checked 'I do not want my child to receive a dental check up' in waiver section \_\_\_\_\_
  - d. Total number checked 'Other reasons my child did not get a dental check up' in waiver section \_\_\_\_\_
  - e. Total number submitted waiver but did not provide reason \_\_\_\_\_
9. Total number of students who did not submit documentation of completed oral health assessment or waiver of oral health assessment \_\_\_\_\_

*Please submit this form to your district office by June 1<sup>st</sup> of the current school year. Thank you.*

# Appendix F. Oral Health Assessment and School Entry Health Exam Timeline for Schools and School Districts

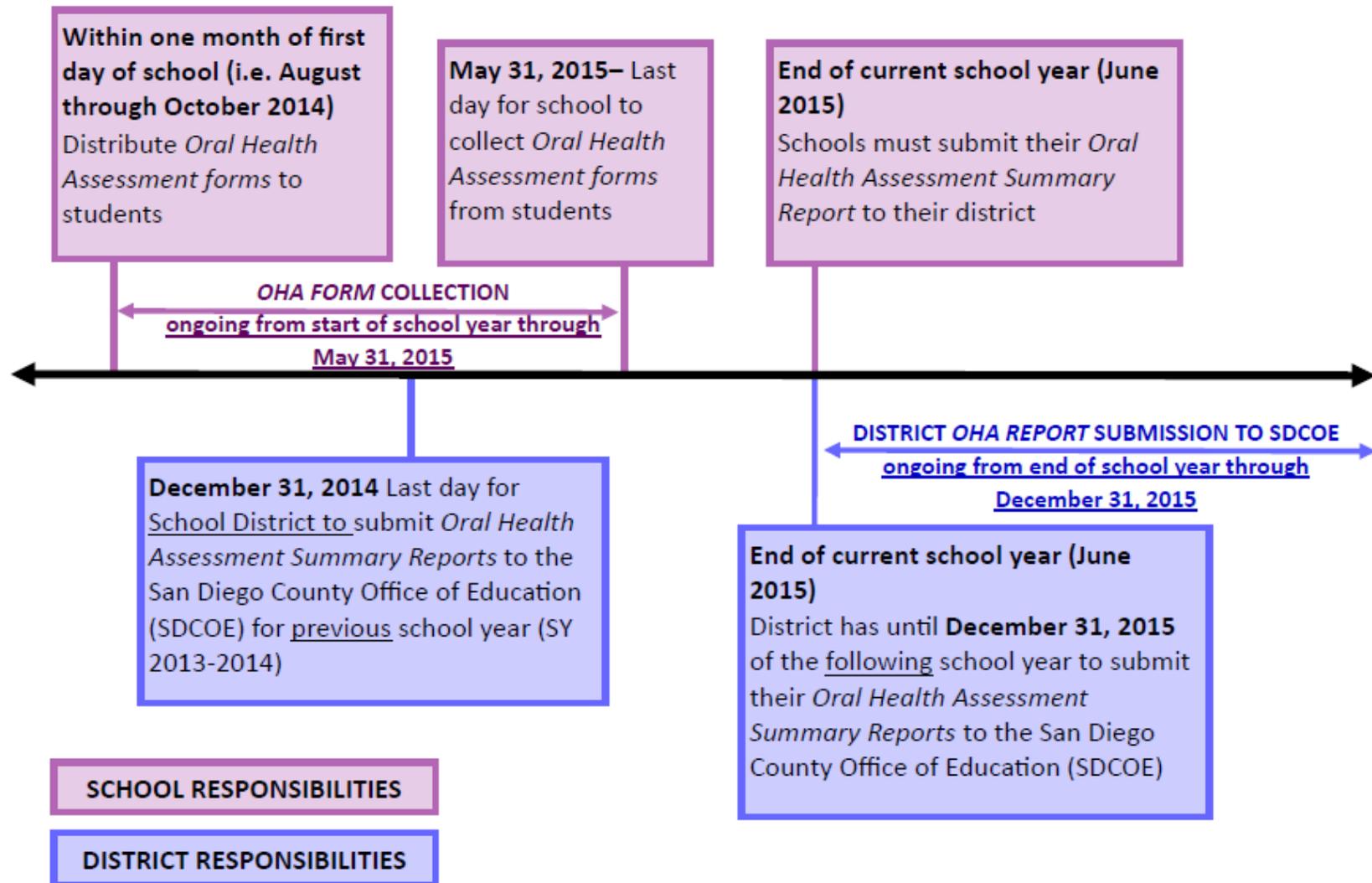
## Example: School Year 2014-2015



Appendix G. Oral Health Assessment Timeline for Schools and School District

## Oral Health Assessment Timeline for Schools and School Districts

*Example: School Year 2014-2015*



## Appendix H. Oral Health Assessment and Health Examination Check List

The Oral Health Assessment and School Entry Health Examination are two different requirements but can work together. The following timeline can the process of when to distribute forms and collect data.

<b>February</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Begin distribution of Oral Health Assessment forms in kindergarten registration packets</li> <li><input type="checkbox"/> Begin distribution of School Entry Health Examination forms in kindergarten and first grade registration packs</li> </ul>
<b>August - May</b>	<input type="checkbox"/> Collect submitted Oral Health Assessment forms
<b>August – November</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Collected submitted School Entry Health Examination forms</li> <li><input type="checkbox"/> All School Entry Health Examination forms must be submitted to the school by the 91<sup>st</sup> day of first grade</li> </ul>
<b>May 31</b>	<input type="checkbox"/> All Oral Health Assessment forms must be submitted to the school
<b>June</b>	<input type="checkbox"/> Compile Oral Health Assessment data and submit to district office
<b>December</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compile School Entry Health Examination data and submit to district office</li> <li><input type="checkbox"/> District Office must submit Oral Health Assessment District Report from <i>previous</i> school year to the San Diego County Office of Education</li> </ul>
<b>January 15</b>	<input type="checkbox"/> District Office or Private School must submit School Entry Health Examination Annual Report to the Child Health and Disability Prevention Program

## Appendix I. Oral Health Assessment and Health Examination Comparison Table

The following is a table that shows the brief differences and components of the Oral Health Assessment requirement and the School Entry Health Examination requirement.

	<b>School Entry Health Examination</b>	<b>Oral Health Assessment</b>
<b>What</b>	Comprehensive physical examination completed by a physician or nurse practitioner. An examination from Mexico is acceptable.	Dental health assessment (screening) by California licensed dental health professional.
<b>Who</b>	First grade students enrolled in public or private school.	Students entering public school for the first time in kindergarten or first grade.
<b>Due</b>	By the 91 <sup>st</sup> day of first grade (date varies)	By <b>May 31</b> of first year in public school (in kindergarten or first grade)
<b>Acceptable Dates</b>	18 months prior to entry into first grade through 90 <sup>th</sup> day of first grade. (March before kindergarten through 90 <sup>th</sup> day of first grade, approximately early December.)	12 months prior to entry into public school for first time in kindergarten or first grade through <b>May 31</b> of first year. (September before first year through <b>May 31</b> of first year)
<b>Waiver Available?</b>	Yes	Yes
<b>Exclusion from School Attendance if Requirement Not Completed?</b>	Yes – for five days beginning 91 <sup>st</sup> calendar day following start of first grade.	No
<b>Report</b>	Yes – First Grade report due by January 15 <sup>th</sup> to County of San Diego CHDP	Yes – Report due by end of school year (June) to school district.
<b>Form</b>	School Entry Health Checkup Requirement form for School Entry (“Green” form from Child Health & Disability Prevention Program)	Oral Health Assessment Form (“Pink” form).

## Appendix J. Oral Health Assessment Tracker by Student (Excel File)

Below you will find instructions on how to successfully complete the Oral Health Assessment Tracker by Student (Excel File). The Excel Tracker contains one completely editable field (Student ID), and four locked fields (*Documentation Provided?*, *Waiver Reason*, and *Select if NO Health Exam Documentation OR Waiver*). The locked fields require the user to select an option from the drop down menu, or to type the selection exactly as written.\*

Identify student with their school ID# and select their grade

Select Yes if the student submitted proof of an Oral Health Assessment (If they submitted a waiver, select No).

For students that submitted a waiver, select the reason provided on the document.

Only select this option if the student failed to submit an assessment form OR Waiver.

SCHOOL REPORT ORAL HEALTH ASSESSMENT							
Student ID	Grade	OHA Completed? (Select "No" if student provided waiver)	Caries Experience	Visible Decay Present	Treatment Urgency	Waiver Reason (only select an option if a student provided a waiver)	Select if <u>NO</u> OHA <u>OR</u> Waiver
3818	First grade	No				Unable to find a dental office	
4525	First grade	Yes	No	Yes	Early dental care recommended		
4146	Kindergarten	No					NO DOCUMENTATION
3851	First grade	Yes	No	No	No obvious problem found		
2486	First grade	Yes	No response	No response	No response		

Make selections for each of the following: *Caries Experience*, *Visible Decay Present*, and *Treatment Urgency*, only if the student submitted proof of an Oral Health Assessment. If the student did not turn in proof of an Oral Health Assessment, or turned in a Waiver, these sections **MUST BE LEFT BLANK**.



\*If a user chooses to manually type the selection, but fails to do so exactly as written, an error dialogue box (like the one pictured above), will appear. This can be resolved by clicking retry and using the dropdown or typing the selection exactly as written.