County of San Diego HEALTH AND HUMAN SERVICES AGENCY

Kindergarten Oral Health Assessment

Resource Guide, 2020









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Introduction

Purpose

State law requires that children have a dental checkup by May 31 of their first year in school. The County Oral Health Programs developed this Resource Guide to provide information about the Kindergarten Oral Health Assessment (KOHA) requirement to school staff. The purpose of this guide is to share resources that are useful and represent current practice.

This Resource Guide explains:

- California state requirements
- Reporting process and timeline
- Frequently asked questions
- Resources and contacts

Live Well San Diego

Addressing the oral health needs of communities aligns with *Live Well San Diego*. *Live Well San Diego* is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners, and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components: Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect, and enjoy the highest quality of life.

Districts and schools are important partners and play an active role in establishing policies and promoting practices that improve student health and well-being.

BUILDING BETTER HEALTH

Improving the health of residents and supporting healthy choices.

LIVING SAFELY

Ensuring residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies.

THRIVING

Cultivating opportunities for all people and communities to grow, connect and enjoy the highest quality of life.

Overview

The Problem

Tooth decay is the most common, chronic childhood disease. According to the California Department of Education, dental problems are the cause of 874,000 school days missed each year, which costs schools over \$29 million annually in average daily attendance funding. Dental caries is a preventable disease; yet, more than half of California kindergarteners have experienced tooth decay, and by third grade, this number rises to over 70 percent. Data show that more than a quarter of these children have dental disease that, if left untreated, has deleterious effects on children's academic performance, social-emotional development, sleep and nutrition, and leads to poor general health outcomes.

California State Requirements

The Kindergarten Oral Health Assessment (KOHA) requirement was passed into law under the *Education Code* Section 49452.8 in 2005 by Assembly Bill 1433 (AB 1433). The requirement is one way schools can support children's school readiness and success by identifying children suffering from untreated dental disease and helping parents establish a dental home. The law was updated with Senate Bill 379 (SB 379) in 2017 to allow schools to use a passive consent at oral health assessment school events. The goal of AB 1433 and SB 379 is to raise awareness on the importance of oral health and help connect children to a regular source of dental care.

To learn more about the KOHA requirements, see the links below:

- For AB 1433, visit <u>bit.ly/ab-1433</u>
- For SB 379, visit bit.ly/sb-379

Your Role Can Make a Difference

Oral health is an integral part of the overall health of children. Schools play an active role in reducing dental disease in our children through raising awareness of the importance of oral health and helping connect children to a dental home. You can make a difference by:

- Promote the completion and collection of KOHA forms among students
- Educate students, parents, caregivers, and staff about the importance of oral health
- Provide preventive services at your school site and in your community

Required Process and Timeline

Schools are required to distribute the KOHA form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. Each year schools are to promote and collect forms by May 31st and are responsible to report totals to their district by June 15th (See Table 1 below). To see an example of completed forms, refer to Appendices 3 and 5.

Table 1: Required Process and Timeline

| (School H | ROLE OF SCHOOL ealth Personnel, Health Clerks, School Nurse, Office Administrators, etc.) |
|------------------------------------|---|
| Start of the school year | Distribute KOHA Forms |
| Start of school year- May 31 | Encourage completion of and collect KOHA Forms |
| May 31 | Last day to collect KOHA Forms |
| June 15 | Compile information and submit to the school district using the KOHA School Summary Tool |
| | ROLE OF SCHOOL DISTRICT |
| July 1 | Submit collected information to San Diego County Office of Education (SDCOE) using the KOHA District Summary Tool |
| ROLE O | F SAN DIEGO COUNTY OFFICE OF EDUCATION (SDCOE) |
| July 15 | Submit collected data to the County of San Diego Child Health and Disability Prevention Program |

Frequently Asked Questions

What is the Kindergarten Oral Health Assessment (KOHA)?

The KOHA ensures all children are healthy and ready for school. Similar to school screenings for vision and hearing, California law AB 1433 requires children receive an oral health assessment as part of school entry by their first year of school in either kindergarten or first grade. The KOHA helps identify children who need dental care and helps to avoid future dental problems and missed school days. For more information on AB 1433, visit bit.ly/ab-1433.

Where can I find the KOHA forms and other reporting tools?

The KOHA form can be found on the County of San Diego, Child Health and Disability Prevention Program website under the 'School Entry Health Requirements' tab, or visit bit.ly/KOHA-Tools.

KOHA forms and tools are also listed on page 9 under the 'Resources' section of this guide.

Is the KOHA form available in other languages besides English and Spanish?

For KOHA forms in other languages, visit the California Department of Education at bit.ly/stateohaform.

How can schools help promote KOHA?

School districts and schools can help promote KOHA by:

- Partnering with local community agencies, community dental clinics, and dental providers to complete the KOHA on school sites.
- Having community dental clinics or local dental providers attend Kindergarten Orientation, Parent-Teacher Conferences, or other school-related events to promote oral health.
- Be creative. Hold a competition for the class or school with the highest KOHA participation rate.

What is the difference between an Oral Health Assessment and a Dental Exam?

An oral health assessment is a visual check of the teeth and surrounding tissues of the mouth to see if there are any obvious signs of tooth decay. No X-rays are needed for an assessment.

A dental exam is a thorough oral examination performed by a licensed dentist that may include dental X-rays. This could lead to diagnosis of conditions and treatment.

An assessment does not take the place of a dental exam. A dental exam is recommended annually.

Is there a difference between passive and active consent forms?

Yes, there is a difference.

- Passive consent requires parents to sign and return a form if they do not want their child to receive an assessment. If no form is returned, the child <u>will</u> receive an assessment.
- Active consent requires parents to sign and return a form if they do want their child to receive an assessment. If no form is returned, the child <u>will not</u> receive an assessment.

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

All children should obtain an oral health assessment from their dental home unless assessments are offered at a school site. However, if a child does not have a regular source of dental care or if their family cannot afford an oral health assessment, contact the County of San Diego, Child Health and Disability Prevention Program at **(619) 692-8808.** This program can provide resources to help families access a dental home.

Where do Charter schools report the KOHA information?

Charter schools are required to submit their KOHA information to their designated school district.

Resources

To order KOHA forms:

KOHA forms in English and Spanish can be ordered online at bit.ly/KOHAforms.

To access KOHA School and District Summary Tools:

Visit the County of San Diego, Child Health and Disability Prevention Program's website, health_disability_prevention_program/kindergarten_first_grade_health_exam.html. Select the 'School Entry Health Requirements' tab and the tools will be listed under the 'About School Entry Health Requirements', or visit this shortcut: bit.ly/KOHA-Tools.

To refer a child for a health check-up:



The County of San Diego, Child Health and Disability Prevention Program helps to prevent and identify health problems by providing periodic well-child exams to children who qualify and by linking them to ongoing healthcare coverage. For more information, call (619) 692-8808.

To refer a qualifying child to emergency dental care:



Share the Care provides access to emergency dental care for qualifying children. Share the Care accepts referrals from school staff. For more information, visit www.sharethecaredental.org or call (619) 692-8858.

To help find a child dental home:



Smile, California is the platform for the Medi-Cal Dental Program. For more information on benefits or to find a participating dental provider, visit www.smilecalifornia.org or call (800) 322-6384.



San Diego County Dental Society provides a directory of local dental offices and dental specialists accepting a variety of dental insurance plans. For more information, visit www.sdcds.org or call (619) 275-7188.

Useful Websites:

Assembly Bill 1433 bit.ly/ab-1433

Senate Bill 379 <u>bit.ly/sb-379</u>

County of San Diego, Child Health and Disability Prevention Program www.sandiegocounty.gov/hhsa/programs/phs/child health disability prevention program/index.

California Department of Education www.cde.ca.gov

Share the Care <u>www.sharethecaredental.org</u>

Smile, California www.smilecalifornia.org

San Diego County Dental Society <u>www.sdcds.org</u>

Contacts

For questions regarding KOHA requirements or reporting, please contact:



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County of San Diego Health and Human Services Agency
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Appendices

Appendix 1: KOHA Form

Kindergarten Oral Health Assessment Form

California law (Education Code Section 49452.8) states your child must have a dental check-up by May 31 of their first year in public school. A California licensed dental professional operating within their 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 they 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: | □ Female | | |
| Parent/Guardian Name: | Child's race/ethnicity: Asian Black/African American Hispanic/Latino | Multi-Racial Native America Native Hawaiia | an an/Pacific Islander | □ White □ Other _ □ Unkno | wn | | |

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

| IMPORTANT | NOTE: Co | onsider each | n box se | paratel | y. Mark each box. | | | | | | | |
|--------------|-------------------|--------------|----------|---------|---|---|--|--|--|--|--|--|
| Assessment | Caries E | xperience | Visible | Decay | Treatment Urgency: | | | | | | | |
| Date: | (Visible de | ecay and/or | Pres | sent: | No obvious problem fo | und | | | | | | |
| | fillings present) | | | | □ Early dental care recommended (caries without pain or infection | | | | | | | |
| | □ Yes | □ No | □ Yes | □ No | or child would benefit from | n sealants or further evaluation) ain, infection, swelling or soft tissue lesions) | | | | | | |
| | | | | | | | | | | | | |
| Licensed Der | ntal Profess | sional Signa | ture | | CA License Number | Date | | | | | | |

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 | he box that best describes the reason) |
|---|--|
| I am unable to find a dental office that will take my child's de My child's dental insurance plan is: | ental insurance plan. |
| □ Medi-Cal Dental Program □ Other: | none |
| □ I cannot afford an oral health screening for my child. □ I do not want my child to receive an oral health screening. | |
| Optional: other reasons my child could not get an oral health | screening: |
| Please sign if asking to waive Oral Health Assessment Requiren | ment: |
| | 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 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 (819) 882-8858



Updated 11/2019

Appendix 2: KOHA School Summary Tool

Kindergarten Oral Health Assessment (KOHA) School Summary Tool

Complete and submit form to your district office by June 15.

| School Name: | | School Year: | | | | | |
|---|-------|---|--|--|--|--|--|
| | | | | | | | |
| Name of person completing form: | | Phone number: | | | | | |
| | | | | | | | |
| Email: | | | | | | | |
| Number of kindergarteners enrolled: | Numbe | er of students who submitted a KOHA form: (Include all collected forms with Section 2/ Assessment or Section 3/Waiver filled out) | | | | | |
| Number of first graders enrolled: (If his/her first year in public school) | | Number of students who DID NOT submit a KOHA Form: | | | | | |
| From the collected KOHA forms, compile number of students who had an assess reported the following: (Section 2 of the KOHA Form) | | From the collected KOHA forms, compile the total number of students who have a signed waiver and gave the following reasons: (Section 3 of the KOHA Form) | | | | | |
| Yes for Caries Experience: | | Unable to find a dental office that will take my child's dental insurance: | | | | | |
| Yes for Visible Decay Present: | | I cannot afford a dental check-up for my child: | | | | | |
| No Obvious Problem: | | I do not want my child to receive an oral health screening: | | | | | |
| Early Dental Care Recommended: | | Other reasons my child could not get an oral health screening: | | | | | |
| Urgent Care Needed: | | No reason provided: | | | | | |

For questions, please contact your district office .

2/2020

Appendix 3: Example of Completed KOHA School Summary Tool

Example Scenario: Elementary A has 38 kindergarteners and two first graders enrolled in school for the first time. The nurse collected a total of 36 KOHA forms. She compiled the information from the collected KOHA forms and submitted this tool to Central Unified School District.

- 34 students had an oral health assessment (section 2 filled out)
- 2 students had waivers signed (section 3 filled out)
- 4 students did not return the form

Kindergarten Oral Health Assessment (KOHA) School Summary Tool

Complete and submit form to your district office by June 15.

| | Elementary A | 2018-2019 | |
|-----------------------------------|---|--|---|
| | School Name: | School Year: | |
| | Florence Nightingale, RN | (619) 765-4321 | |
| | Name of person completing form: | Phone number: | |
| | Florence.Nightingale@SampleCountyElementary. | .edu | |
| | Email: | | |
| | Norm | ber of students who submitted a KOHA form: | 36 KOHA forms |
| | Number of kindergarteners enrolled: 38 | (Include all collected forms with Section 2/ Assessment or Section 3/Waiver filled out) | collected from students |
| | Number of first graders enrolled:(If his/her first year in public school) | Number of students who DID NOT submit a KOHA Form: | 4 students DID NOT submit form |
| | From the collected KOHA forms, compile the total number of students who had an assessment and reported the following: (Section 2 of the KOHA Form) | From the collected KOHA forms, compile the total number of students who have a signed waiver and gave the following reasons: (Section 3 of the KOHA Form) | Of the forms collected: 2 students had |
| These total | Yes for Caries Experience: 5 | Unable to find a dental office that will take my child's dental insurance: | signed waivers with the reason 'I do not want |
| numbers were taken from the | Yes for Visible Decay Present: 8 | I cannot afford a dental check-up for my child: | my child to receive an oral |
| Section 2 of | No Obvious Problem: 26 | I do not want my child to receive an oral health screening: | health screening' |
| KOHA forms | Early Dental Care Recommended: 4 | Other reasons my child could not get an oral health screening: | |
| | Urgent Care Needed: 4 | No reason provided: | |
| | | | - |

For questions, please contact your district office .

Appendix 4: KOHA District Summary Tool

Kindergarten Oral Health Assessment (KOHA): District Summary Tool:

| DISTRICT NAME: SCHOOL YEAR: | | | | | | | | | | | | | | |
|-----------------------------|----------------------------------|---|---|---|---------------------------|-------------------------------|--------------------------|-------------------------------|--------------------|---|---|---|---|--------------------|
| STUE | ENT CC | | | | 9 | ECTION | | | | SECTION 3/ WAIVER OF KOHA | | | | |
| School Name | Number of kindergarters enrolled | Number of first graders (if his/her first year in public school) | Number of students who submitted a KOHA form | Number of students who D/D NOT submit a KOHA form | Yes for Caries Experience | Yes for Visible Decay Present | No obvious problem found | Early Dental Care Recommended | Urgent Care Needed | Unable to find a dental office that will take insurance | Cannot afford an oral health screening | I do not want my child to receive an oral health screening | Other reasons child could not get an oral health screening | No Reason provided |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| TOTALS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Appendix 5: Example of Completed KOHA District Summary Tool

Example Scenario: Four elementary schools submitted their collected information using the KOHA School Summary Tool to Pretend Unified School District. The nurse at the district office compiled the collected information using the KOHA District Summary Tool and will submit to the County Office of Education. (The highlighted field reflects the KOHA School Summary Tool from Appendix 3).

| Kir | Kindergarten Oral Health Assessment (KOHA): District Summary Tool: | | | | | | | | | | | | | |
|--------------|--|---|---|---|---------------------------|-------------------------------|--------------------------|-------------------------------|--------------------|--|---|---|---|--------------------|
| | | DISTRIC | T NAME | : Pre | etend Uni | ified Sch | ool Distri | ict | - | SCHOOL | YEAR: | _ 2018- | 19 | |
| STUDI | | SE | CTION | 2/ASSI | ESSME | NT | SECT | TION 3/ | WAIVE | R OF K | ОНА | | | |
| School Name | Number of kindergarters enrolled | Number of first graders (if his/her first year in public school) | Number of students who submitted a KOHA form | Number of students who DID NOT submit a KOHA form | Yes for Caries Experience | Yes for Visible Decay Present | No obvious problem found | Early Dental Care Recommended | Urgent Care Needed | Unable to find a dental office that will take insurance | Cannot afford an oral health screening | I do not want my child to receive an oral health screening | Other reasons child could not get an oral health screening | No Reason provided |
| Elementary A | 38 | 2 | 36 | 4 | 5 | 8 | 26 | 4 | 4 | 0 | 0 | 2 | 0 | 0 |
| Elementary B | 28 | 5 | 30 | 3 | 6 | 5 | 20 | 3 | 2 | 0 | 0 | 3 | 0 | 2 |
| Elementary C | 50 | 0 | 48 | 2 | 12 | 7 | 35 | 5 | 2 | 2 | 0 | 2 | 0 | 2 |
| Elementary D | 29 | 1 | 30 | 0 | 4 | 5 | 22 | 3 | 2 | 0 | 0 | 0 | 3 | 0 |
| | | | | | | | | | | _ | | | | |
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| TOTALO | | | | | | | | | | | | | | |
| TOTALS | 145 | 8 | 144 | 9 | 27 | 25 | 103 | 15 | 10 | 2 | 0 | 7 | 3 | 4 |

This KOHA District Summary Tool is an Excel spreadsheet that will automatically add the totals in each column.