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STATE REQUIRED ORAL HEALTH ASSESSMENT

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 of their first year in public school. Assessments completed within 12 months before your child enters school also meet this requirement.

The attached Oral Health Assessment/Waiver Request will need to be completed by your child's dental office. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school, on Etiwanda's website at www.etiwanda.org, or online from the California Department of Education's website at <http://www.cde.ca.gov/ls/he/hn/>.

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number 800-322-6384 or website <http://www.denti-cal.ca.gov> can help you find a dentist who accepts Denti-Cal. For help enrolling your child in Medi-Cal/Denti-Cal, you may call your local social service agency 909-388-0245 for information on the agency that serves your area.
2. Medi-Cal for Families' website (<http://www.dhcs.ca.gov/provgovpart/Pages/default.aspx>) or toll-free number 800-880-5305 can help you find a dentist who accepts Medi-Cal or to find out if your child can enroll in the program.
3. For additional resources that may be helpful, contact the local public health department 909-388-0245.
4. If your child does not qualify for Denti-Cal or Medi-Cal, you may contact your school health office for additional information regarding other available assistance.

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks such as punch or soda. Sweet drinks and candy contain a lot of sugar which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems which may lead to other diseases such as diabetes. The less candy and sweet drinks, the better!

Many things influence a child's progress and success in school, including health. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities are not healthy. They may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Although cavities are preventable, they can affect more children than any other chronic disease. Left untreated, tooth decay can be very painful, require emergency treatment, and permanently damage their adult teeth.

Thank you for your concern for your child's dental health. If you have any questions, please contact your child's school.

Sincerely,

Charlene Dean, RN

Charlene Dean, RN, BSN
Health Services Coordinator

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 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 he/she starts 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) |
|--|--|---|--|
| <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;"><i>Licensed Dental Professional Signature</i></div> <div style="width: 30%; border-top: 1px solid black; text-align: center;"><i>CA License Number</i></div> <div style="width: 30%; border-top: 1px solid black; text-align: center;"><i>Date</i></div> </div> | | | |

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. 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 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.