

2024-2025 School Year

Oral Public Health Program

Dear San Mateo-Foster City Families of Kindergarten students:

California law requires that your kindergarten student to receive **an assessment of their oral health** as part of school readiness activities for kindergarten entry (or first grade if this is your child's first year in public school). An oral health assessment conducted the year prior to kindergarten also satisfies this requirement. A dentist or oral hygienist must complete the form. The form is in the **kindergarten enrollment packet, or you can ask the school staff for it, or download it here:**

www.smchealth.org/post/kindergarten-oral-health-assessment-koha.

The form should be completed and turned into the school **at the beginning of the 2024 school year**. If you have not yet turned in the oral assessment, please do so as soon as possible. You can make an appointment with your child's dentist, and bring the form to the appointment so the dentist can complete it. Then, turn it into the school office staff.

As a reminder, **all children** should visit the dentist at least once every 6 months for a cleaning and a check-up/oral exam. These twice-yearly visits are covered by public (Health Plan of San Mateo Dental) and private dental insurance.

Thank you!



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Kindergarten Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child enrolled in kindergarten in a public school, and any child enrolled in first grade who did not attend public school the previous year, must have a dental check-up (assessment). It should be turned in at the **beginning of the school year**. A California licensed dental professional must do the check-up and fill out Sections 2 and 3 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Sections 2 and 3. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: <small>MM – DD – YYYY</small>
Address:			Apt.:
City:		ZIP Code: _ _ _ _ _ _ _ _ _ _	
School Name:	Teacher:	Grade:	Year child starts kindergarten: <small>Y Y Y Y </small>
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		

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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: MM – DD – YYYY	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="radio"/> No obvious problem found <input type="radio"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
<hr/> <div style="display: flex; justify-content: space-between;"> Licensed Dental Professional Signature CA License Number Date </div>		

*Check “Yes” for Caries experience if there is presence of untreated decay or fillings
 Check “No” for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment?	<input type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> I don't know

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* by the end of your child's first school year.

Original to be kept in child's school record.

Waiver of Kindergarten Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child from the kindergarten oral health assessment requirement. Sign and return this form to the school where it will be kept confidential.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM - DD - YYYY
Address:			Apt.:
City:		ZIP code: _ _ _ _ _ _ _ _ _ _	
School Name:	Teacher:	Grade:	Year child starts kindergarten: _ _ _ _ _ _ _ _ _ _
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="radio"/> Male <input type="radio"/> Female
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"/> Other (please specify) <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

Please excuse my child from the assessment because (check the box that best describes the reason):	
<input type="checkbox"/>	I cannot 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 <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None <input type="checkbox"/> Other: _____
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____ _____
If asking to be excused from this requirement:	
_____	MM - DD - YYYY
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.