Superintendent
Morgan Nugent

"Education is Power"

Oral Health Notification Letter

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, California law Education Code Section 49452.8, requires that your child have an oral health assessment or dental check-up in his or her first year in public school (kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional, and a completed Oral Health Assessment form (attached to this letter) to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. Take the attached form to your child's dentist to complete, if your child had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. You can call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit Smile California - Find a Dentist (https://smilecalifornia.org/find-a-dentist/) to find a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply by mail, go in person to your local Social Services office, or online at Apply for Medi-Cal. (https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx)

2. For additional resources that may be helpful, contact your local public health department, click Apply for Health Coverage (https://www.dhcs.ca.gov/services/ medi-cal/Pages/CountyOffices.aspx) to find yours.

When you take your child to the dentist, bring the attached form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement form, and return the form.

Please return the form to (insert school-specific information to return form). Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or on-line from the California Department of Education. (https://www.cde.ca.gov/ls/he/hn/oralhealth.asp)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are very important. Children need healthy baby teeth to eat, talk, smile, and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.

Here is important advice to help your child stay healthy:

- Take your child to the dentist. Dental check-ups can help keep your child's mouth healthy and pain free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

If you have questions about the new oral health assessment requirement, please contact Sarah Albaugh, FRJSUD Nurse @ (530) 335-4538 and/or salbaugh@frjsud.org.

Thank you!

Morgan Nugent

FRJUSD Superintendent

Updated by CDPH - July 2022

See Oral Assessment Form

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. 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: – –
Address:			Apt.:
City:			ZIP Code:
School Name:	Teacher:	Grade:	Year child starts kindergarten:
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: ☐ Male ☐ Female

Child's Race/Ethnicity:	☐ White	☐ Native American
	☐ Black/African American	☐ Multi-racial
	☐ Hispanic/Latino	☐ Native Hawaiian/Pacific Islander
	☐ Asian	☐ Unknown
	☐ 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:	Untreated Decay (Visible Decay Present)	*Caries Experience (Visible decay and/or fillings present)
– –	☐Yes ☐No	☐Yes ☐No

Treatment Urgency:

◯ **No obvious problem found**

◯ **Early dental care recommended** (caries without pain or infection; or child would benefit from sealants or further evaluation)

◯ **Urgent care needed** (pain, infection, swelling or soft tissue lesions)

Licensed Dental Professional Signature	***CA License Number***	– – ***Date***

*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:	– –
A follow-up appointment for this child has been scheduled for:	– –
Did child receive needed treatment?	◯ **Yes** ◯ **No** (If no, entity responsible for follow-up will be encouraged to check back in with parent) ◯ **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* May 31st of your child's first school year.

Original to be kept in child's school record.