

Kindergarten Oral Health Assessment (KOHA).



**NEVADA
COUNTY**
CALIFORNIA

**Public
Health**



A Presentation for Nevada County schools.

Nevada County Oral Health Program
www.SmileNevadaCounty.com

Is KOHA a state requirement?

Yes

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 licensed dentist or registered dental hygienist by May 31st of their first school year.

KOHA Flyer for schools

To be given at Kindergarten round-ups and to students entering school for the first time.



Don't forget to schedule your child's required dental assessment!

What is the Kindergarten Oral Health Assessment (KOHA)?

To make sure your child is ready for school, California law requires that children have a dental assessment by **May 31** in either kindergarten or first grade, whichever is their first year in public school.

Why is it important?

Poor oral health can affect a child's attendance, grades and overall performance in school. The KOHA helps ensure children are healthy and ready for a successful school year.

SCHOOL READINESS FACTS:

- Children who have poor oral health often miss more school and receive lower grades than children who don't.
- Children with cavities may also have difficulty eating, talking, and concentrating in school.
- Healthy smiles make children feel confident and good about themselves.
- Establishing good oral health habits in childhood helps create a lifetime of healthy smiles.

HOW TO COMPLETE THE KOHA:

- Look out for a registration form that will be distributed when you register your child for school.
- Visit or find your dental home.
- Complete the dental assessment 12 months before entering public school for the first time or by **May 31st** of their first year (Kindergarten or 1st Grade).

1 in 5 children have untreated tooth decay in California.*

Why is it important to have a dental home?

- It allows the dentist to establish a relationship with your family.
- It gives the dentist consistent opportunities to provide preventive treatment and find small issues before they become big.
- Children who develop a familiar relationship with their dentist are less likely to experience dental anxiety and are more likely to visit the dentist regularly into adulthood.

Medi-Cal covers dental check-ups every 6 months for children.



Visit [SmileCalifornia.org](https://www.smilecalifornia.org) to find your child's dental home today.

Why is KOHA important?

- Childhood caries is the number one chronic disease affecting children.
- By third grade, two-thirds of CA children have been affected by tooth decay.
- Tooth decay is a progressive infection that when left untreated can progress to infections, abscesses, fever and pain.
- Children with poor oral health can have trouble speaking, eating, smiling, and issues with self esteem.

KOHA FORMS ARE A REQUIREMENT.

The law requires schools to distribute the KOHA forms to parents who are registering their child in public school for the first time, in either kindergarten or first grade.

An Oral Health Notification/Parent Letter explains the requirement must accompany the Oral Health Assessment Form and both should be distributed to parents by the first month of the school year.

Forms

Forms for all school students.

Nevada County Letter and Passive Consent Form.





Forms for Kindergarten and Grade 1 students entering school for the first time.

- Nevada County KOHA Letter and Passive Consent Form.
- Letter to Parents (template provided by state).
- State Kindergarten Oral Health Assessment Form
- KOHA Waiver Form

Nevada County Form for Kindergarteners and 1st grade.

Dear Kindergarten/1st Grade Parents/Guardians,

The Nevada County Oral Health Program in collaboration with Chapa-De Indian Health Clinic, is offering **free** Kindergarten Oral Health Assessments on _____, California law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is their first year in public school. This brief screening does not replace routine thorough checkups with your family dentist but can detect existing problems which may need treatment. Your child will receive:

-  **A free Kindergarten Oral Health Assessment**
-  **Dental education (how to properly brush teeth and prevent cavities)**
-  **A free dental kit (contains a toothbrush, floss, toothpaste, etc.)**
-  **An oral health "report card" informing you of screening results**

Please complete the following:

Child's Name: _____

Child's Grade: _____

Check this box if you **WOULD** like your child to receive fluoride varnish with the dental screening.



Scan this QR code with your smartphone camera or visit <https://bit.ly/3xvmYqg> to learn more information on fluoride varnish.

If you do NOT return this form or opt-out below, your child **WILL receive a Kindergarten Oral Health Assessment.**

Check this box only if you **DO NOT** want your child to receive a Kindergarten Oral Health Assessment

For more information on the Kindergarten Oral Health Assessment, please visit <https://www.cda.org/Home/Public/Kindergarten-Oral-Health-Requirement>

The Local Oral Health Program is funded by the California Department of Public Health.

Notification Letter from school for Kindergarten Classes

Oral Health Notification Letter
T07-002, English, Arial font
Page 1 of 2

Oral Health Notification Letter
(to accompany Oral Health Assessment/Waiver Request Form)

(USE DISTRICT LETTERHEAD AND COMPLETE APPROPRIATE SECTIONS)

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 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. 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 or online from the California Department of Education's Web site 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 or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.)
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health department at (fill in appropriate local contact information, available at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

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:

Sample Oral Health Notification Letter
T07-002, English, Arial font
Page 1 of 2

- 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!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact (fill in name of district personnel or office responsible for the program, telephone number and/or e-mail address).

Sincerely,

District Superintendent

Attachment

Oral Health Assessment Form for Kindergarten Classes

California Department of Public Health
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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: MM – DD – YYYY
Address:			Apt.:
City:		ZIP Code:	
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y
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) _____		

Continued on Next Page

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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)		
_____ Licensed Dental Professional Signature		_____ CA License Number
_____ Date MM – DD – YYYY		

*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* May 31st of your child's first school year.

Original to be kept in child's school record.

Waiver of Oral Health Assessment Requirement Form.

(Kindergarten Only)

California Department of Public Health
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Waiver of Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child the 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:
Address:		Apt.:	
City:		ZIP code:	
School Name:	Teacher:	Grade:	Year child starts kindergarten:
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender:	
Child's Race/Ethnicity:		<input type="radio"/> Male <input type="radio"/> Female	
<input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Asian <input type="radio"/> Other (please specify)		<input type="radio"/> Native American <input type="radio"/> Multi-racial <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Unknown	

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.

Oral Health Assessment Day

-Presentation on good oral health habits to classes.

-Oral Health Exam

-KOHA FORM Section 2 filled out by Dental Professional.

-Report Card sent home to parents with a list of local providers if needed.

Urgent Care Flow Chart

LOHP KOHA Screening Performed

Dental referral form filled out by a RDH (Marked Urgent)

Referral sent to school nurse to follow up.

School nurse to document case management.

Referral closure: School nurse to update LOHP Referrals spreadsheet with outcome.

A provider list will be sent home.

Nevada County Medi-Cal Providers

Western Sierra Medical Center

1345 Whispering Pines LN
Grass Valley, CA 95945
530-274-9762

Chapa De Indian Health

1061 E Main St
Grass Valley, CA 95945
530-477-8545
AND
1350 E Main Street
Grass Valley, CA 95945

Sierra Family Medical Clinic

15301 Tyler Foote RD
Nevada City, CA 95959
530-292-3478

Dentists Serving Nevada County

Establishing a Dental Home for your Child is Important

Children who develop a familiar relationship with their dentist are less likely to experience dental anxiety and more likely to visit the dentist regularly into adulthood. It also gives the dentist consistent opportunities to provide preventive treatment and find small issues before they become problematic. The following is a list of dentists within our community currently working with children. Parents/Guardians can also visit SmileCalifornia.org to find a dental home for their child.

Nevada County Pediatric Dentists

Lindsey Robinson, DDS
453 S Auburn Street
Grass Valley, CA 95945
530-272-5522

Caring Tree Children's Dentistry
1061 E Main St, Ste 101
Grass Valley, CA 95945
530-272-9026

Mark Hagele, DDS
101 Providence Mine Rd
Grass Valley, CA 95945
530-265-6656

oral surgeon by referral only



Family Dentists

Wendell Clove, DDS
152 Catherine Lane
Grass Valley CA 95945
(530) 273-9111

Stacy Fore, DDS
463 Sutton Way
Grass Valley CA 95945
(530) 273-1470

Gregory Moulton, DDS
148 Catherine Lane
Grass Valley CA 95945
(530) 273-8130

Richard Preece, DDS
152 Catherine Lane
Grass Valley CA 95945
(530) 273-9111

Sean Rockwell, DDS
280 Sierra College Drive, Suite 240
Grass Valley CA 95945
(530) 477-5060

Keith Sheppard, DDS
1350 E Main Street
Grass Valley CA 95945
(530) 432-1543


Parker White, DDS
563 Brunswick Road, Suite 3
Grass Valley, CA 95945
(530) 272-9017

Matthew Woods, DMD
105 Providence Mine Road, Suite 103
Nevada City CA 95959
(530) 265-3740

Justin Pfaffinger, DDS
216 S Pine Street
Nevada City CA 95959
(530) 265-5815

Kyle Adams, DDS
10775 Pioneer Trail, Suite 104
Truckee CA 96161
(530) 587-1876


Leslie Joseph, DDS
10800 Donner Pass Road, Suite 204
Truckee CA 96161
(530) 587-1074




System of California Oral Health Reporting (SCOHR).

California Education Code Section 49452.8 states that all school districts shall submit a report each year to the County Office of Education.

The total number of pupils in the district, by school, who are subject to the oral health assessment requirement (i.e., the number of kindergarten students plus the number of first grade students who did not attend public school kindergarten).



Data is collected for kindergarten and first graders entering school for the first time

ORAL HEALTH DATA WORKSHEET								
2022-2023 Reporting School Year								
SCHOOL: _____								
CDS CODE	SCHOOL DISTRICT				SUPERINTENDENT			
ADDRESS				ZIP CODE	COUNTY			
PERIOD COVERED			SUPERVISOR OF HEALTH			OFFICE PHONE	EMAIL	
	A	B	C	D	E	F	G	H
GRADES	Number of Pupils First Year Attending Public School	Number of Pupils Proof of Assessment	Number of Pupils COULD NOT COMPLETE DUE TO FINANCIAL BURDEN	Number of Pupils COULD NOT COMPLETE DUE TO LACK OF ACCESS TO DENTAL HEALTH PROFESSIONAL	Number of Pupils COULD NOT COMPLETE DUE TO LACK OF PARENTAL CONSENT	Number of Pupils ASSESSED WITH UNTREATED DECAY	Number of Pupils WHO DID NOT RETURN ASSESSMENT FORM OR WAIVER	Number of Pupils ASSESSED WITH CARIES EXPERIENCE
Kindergarten								
1st Grade (Did not attend public school kindergarten)								
TOTALS	0 . 0	0 . 0	0 . 0	0 . 0	0 . 0	0 . 0	0 . 0	0 . 0
 Signature of Individual Completing Report								
Print Name: _____								
Title: _____								

...and then entered into SCOHR

www.AB1433.org

We are updating our account security. As part of our ongoing focus on keeping your account secure, SCOHR is implementing strong password requirements enhancements. Please use the Forgot Password to update your password. Thank you.

@	<input type="text" value="Username"/>	
?	<input type="password" value="Password"/>	<input type="button" value="Login"/>

[Forgot Password](#)

Welcome to the SCOHR (System for California Oral Health Reporting)

SCOHR was developed by the SJCOE (CodeStack Department) and in collaboration with the ACSA, CDA, and CCSESA, to provide a centralized online method of all required student oral health assessment data.

Schools in participating districts will have access to input, manage, and track electronic Oral Health Assessment/Waiver Request Forms and all oral health assessment data, bulk upload data to pre-fill the Oral Health Assessment/Waiver Request Forms, print pre-filled Oral Health Assessment/Waiver Request Forms (individually or in-bulk), and export all data into a standardized format.

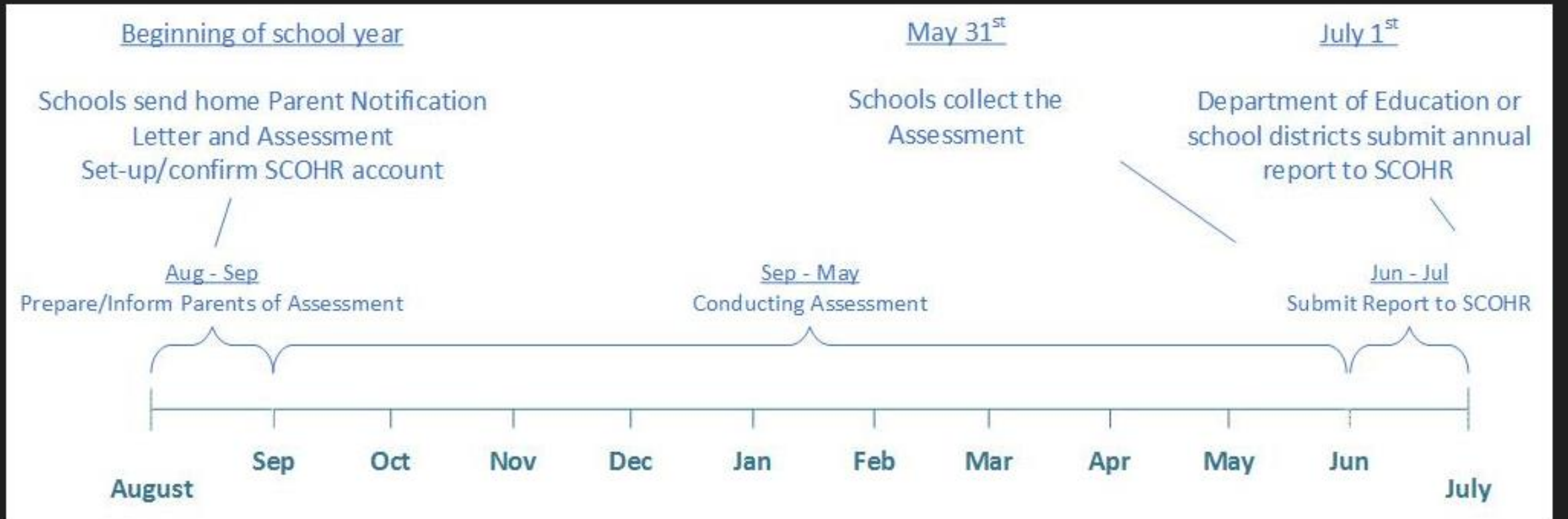
How to create a SCOHR account for your school?

-If your school does not have a SCOHR account you can sign up for an account at <https://www.ab1433.org/>.

-If there is already an account created for your district, please contact the administrator to create an account for your school. Contact the SCOHR helpdesk at scohr@sjcoe.net if you are unable to create an account for your school.

-More information about KOHA and SCOHR can be found on www.SmileNevadaCounty.com.

KOHA Timeline Reference



SmileNevadaCounty.com has all the information and forms under [KOHA](#).



**NEVADA
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CALIFORNIA

**Public
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