

TITLE: Oral Health Assessment for Transitional Kindergarten, Kindergarten or First Grade

NUMBER: BUL-3585.9

ISSUER: Dr. Smita Malhotra, M.D.
Chief Medical Director
Medical Services Division

DATE: January 5, 2026

ROUTING:
Region Superintendents
Principals
Nurses
Physicians
School Administrative Assistants

POLICY: California (CA) *Education Code* [§ 49452.8](#) requires students enrolled in Transitional Kindergarten, Kindergarten, or First Grade who have not previously enrolled in Kindergarten in a public school, to present proof of having received an oral health assessment within 12 months of initial enrollment, unless the parent completes and submits the exemption and is excused from the requirement. Proof of Kindergarten Oral Health Assessment (KOHA) shall be required only once during a two-year Kindergarten program and is due to the school no later than May 31 of the school year.

California Education Code § 49452.8 further states that all school districts shall submit a report annually by July 1 to the County Office of Education of the county in which the school district is located.

MAJOR CHANGES: This bulletin replaces BUL-3585.8, dated October 6, 2025, and reflects the new requirements under CA Assembly Bill 677, which require that directory information of the pupil identified as a homeless child be disclosed for the specific purpose of facilitating an oral health assessment offered at school, unless a parent has provided written notice to the school that they do not consent to the assessment. Additionally, it provides that reports made to parents, legal guardians or caregivers of students experiencing homelessness, about a defect identified from an oral health assessment, should be made by alternative communication channels rather than mail, when possible.

PURPOSE: The purpose of this bulletin, as required by CA Education Code § 49452.8, is to inform all schools of the oral health assessment requirement for entering TK, Kindergarten, or First Grade students who have not previously enrolled in Kindergarten in public schools.

BACKGROUND: Dental disease is one of the most common reasons for school absences because it makes it difficult for children to concentrate and learn. Lack of access to dental care is a problem for many children in California.

Early detection and prevention are crucial, so effective January 1, 2007, students in their first year of public school, including those enrolled in Kindergarten or First Grade who have not previously attended Kindergarten in public schools, must submit proof of oral health assessment. As of January 1, 2025, this requirement has been extended to include TK students. These assessments must be performed by a licensed or registered dental health professional, with proof of assessment due by May 31 of the school year.

GUIDELINES: The oral health assessment may be performed by a licensed dentist or other licensed or registered dental health professional. Although physicians, nurse practitioners, and school nurses can and do perform visual dental inspections, the law does not allow these providers to complete the mandated oral health assessment.

The parents or legal guardians of the student may be excused from complying with the oral health assessment if they sign a waiver stating that they could not find a dental office that accepted their child's insurance; they could not afford to pay for the assessment; or they did not want to have their child's oral health evaluated. There is no penalty for students and families who cannot comply with the oral health assessment (for example, students may not be excluded from school for noncompliance with the assessment or waiver).

I. ROLE OF SCHOOLS IN NOTIFICATION

- A. Each public school is required to notify parents or legal guardians of TK, Kindergarten, and First-Grade students who have not previously attended Kindergarten in a public school of the oral health assessment requirement every year:
 1. This notification should include:
 - a. Notification letter
 - b. A copy of the oral health assessment form
 - c. Waiver of the oral health assessment requirement form
 2. Schools are encouraged to distribute this information as soon as possible to allow families the opportunity to complete and comply with the law before the May 31 due date.
- B. Schools may include the following forms in enrollment materials for TK, Kindergarten and First Grade students who are new to public school. Each is described as follows:
 1. "Notification Letter to Accompany Oral Health Assessment Form and Waiver of Oral Health Assessment Requirement:"
[Attachment A](#) includes a sample notification letter. This letter identifies all the elements required by CA Education Code [§ 49452.8](#). Schools are encouraged to reproduce copies of the letter with the principal's signature on school letterhead. The

- Education Code requires the forms to be returned by May 31 of the school year for TK, Kindergarten, or First Grade if not previously enrolled in Kindergarten. A Spanish translation of the notification letter ([Anexo A-1](#)) is available and should be distributed accordingly.
2. “Oral Health Assessment Form:”
[Attachment B](#) includes a standardized “Oral Health Assessment Form” adopted from the CA Department of Education. Schools should reproduce this form and send it home with the “Notification Letter...” and “Waiver of Oral Health Assessment Requirement” (below) to parents/legal guardians of students subject to the assessment requirements. A Spanish translation of the assessment form is also available ([Anexo B-1](#)) and should be distributed accordingly. This form should be completed by the parent/legal guardian and dental health professional, where indicated.
 3. “Waiver of Oral Health Assessment Requirement:”
[Attachment C](#) includes a standardized “Waiver of Oral Health Assessment Requirement” form adopted from the CA Department of Education. Schools should reproduce this form and send it home with the “Notification Letter...” and “Oral Health Assessment Form” to parents/legal guardians of students who are subject to the assessment requirements. A Spanish translation of the waiver form ([Anexo C-1](#)) is also available and should be distributed accordingly. This form should be completed by the parents/legal guardians who, for whatever reason, are not able to have an oral health assessment for their child.
- C. “LAUSD-PARTNER PROVIDER Dental Screening Opt-Out Form:” ([Attachment D](#) or [Anexo D-1](#) [Spanish]) is intended to inform parents and/or guardians of TK, K and First Grade students who have not previously enrolled in Kindergarten, about a free oral health screening event that may be hosted by the school or school district. During this event, licensed dentists or other qualified dental health professionals will conduct on-site oral health screenings. All students will receive a screening unless a parent or legal guardian chooses to opt out by submitting this form:
1. A failure to opt-out of the school site student oral health screening shall not be deemed to be consent for dental treatment of any kind.
 2. A student shall not receive dental treatment of any kind as part of the school site oral health screening unless the student’s parent or legal guardian has provided informed consent for the treatment.

3. The school may disclose the directory information of a pupil identified as a homeless child solely for the purpose of facilitating an oral health assessment, unless the parent or legal guardian has provided written notice to the school withholding consent for the physical examination or the release of any information.
4. Reports made to a parent, legal guardian, or caregiver of a pupil experiencing homelessness about a pupil defect identified from an oral health assessment should be made by alternative communication channels rather than mail, when possible.

II. ROLES OF SCHOOLS IN DATA COLLECTION AND ENTRY

- A. After distribution of the “Notification Letter...,” the “Oral Health Assessment Form” and the “Waiver of Oral Health Assessment Requirement” form, each public school is required to collect the Assessment/Waiver forms returned by parents or legal guardians by May 31 of each school year. Schools must maintain the privacy of students’ health information.
- B. After the “Oral Health Assessment Forms” or “Waiver of Oral Health Assessment Requirement” forms are collected at each school, the school office clerical staff shall enter the data in *My Integrated Student Information System* (MiSiS), *Miscellaneous* tab, and select *Health Screening* in the *Dental/Oral Health Assessment* section (see [Attachment E](#) MiSiS Job Aid). After the data has been entered, all forms are kept in the students’ school health records. MiSiS Health Screening data will interface with Welligent:
 1. Oral Health Assessment Results Documentation in MiSiS:
 - a. The *Dental/Oral Health Assessment* information is in the *Miscellaneous* tab, *Health Screening* option:
 - i. If Section 2 “Oral Health Data Collection” has been completed by a dental professional, enter the *Assessment Date* in the *Dental/Oral Health Assessment* section, *Dental Examination Date* field.
 - ii. The date must be within 12 months of initial student enrollment.
 - iii. A future date cannot be entered.
 - b. Enter one of the following results:
 - i. *Visible decay present*.
 - ii. *Visible decay and/or fillings present*.
 - iii. *No obvious problem found (Satisfactory)*.
 - c. If nothing is checked, but the assessment date is filled in and the dental professional's signature is present, select the option, *No obvious problem found (Satisfactory)*.

2. Waiver Reasons:
 - a. If the “Waiver of Oral Health Assessment Requirement” has been completed by the parent or guardian, select one of the following Dental Waiver reasons:
 - i. Insurance reasons
 - ii. Monetary reasons
 - iii. Personal reasons
 - b. You MUST enter the *Waiver Date* and select the *Dental Waiver Reason* from the dropdown options.
- C. “Oral Health Assessment Summary” Welligent Report:

The “Oral Health Assessment Summary” report is available through Welligent, *Reports* tab, select *Immunization/Other Health Rpts (Custom Grouping)*, select *Oral Health Assessment Summary, 2539*, enter the appropriate campus name and then click *Excel*.
- D. To print a roster of students who are required to have the Oral Health Assessment with their status, sign in to Welligent, click the *Reports* tab, select *Immunization/Other Health Rpts (Custom Grouping)*, select *Oral Health Assessment Details, 2541*, and select *Campus* (it captures all schools in one campus). This report generates a list of all TK, K, and First Grade students if not previously enrolled in Kindergarten for the selected campus, with or without the Oral Health Assessment entered in MiSiS.

III. ADDITIONAL INFORMATION

- A. CA Education Code (EC) [§ 49452.8](#) does not prohibit any of the following:
 1. County offices of education from sharing aggregate data collected pursuant to this section with other governmental agencies, philanthropic organizations, or other nonprofit organizations for data analysis.
 2. Use of assessment data that is compliant with the Federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) for purposes of conducting research and analysis on the oral health status of public-school pupils in California.
- B. The law does not preclude a school from developing a school site-based oral health screening program to meet the requirements of this section:
 1. Information is available through the existing BUL-076705, [Establishing No-Cost Health, Non-Health and Mental Health Services MOUs and Agreements on School Campuses](#).
- C. Parents with difficulty finding a dental office should refer to the “Notification Letter...” for dental and health insurance resources.

- D. Parents who do not wish to have their child participate in the school site screenings should return the "...Opt-Out Form" *and* indicate this on the "Waiver..." form.
- E. No student may be excluded from school for failing to provide an oral health assessment or waiver.
- F. Oral health is integral to overall health, and tooth decay is the most common chronic disease in childhood. Untreated tooth decay contributes to lost school hours, negatively impacts learning, interferes with eating, contributes to poor self-esteem, and can cause considerable pain. Although an infectious agent causes tooth decay, it is a preventable disease and one where early intervention is important for better health outcomes.

AUTHORITY: California Education Code [§ 49452.8](#).

RELATED RESOURCES: BUL-076705, [Establishing No-Cost Health, Non-Health and Mental Health Services MOUs and Agreements on School Campuses](#), dated August 23, 2019. CDE website: <https://www.cde.ca.gov/>.

ATTACHMENTS: [ATTACHMENT A](#) – Notification Letter to Accompany Oral Health Assessment Form and Waiver of Oral Health Assessment Requirement
[ANEXO A-1](#) – *Spanish* Notification Letter to Accompany Oral Health Assessment Form and Waiver of Oral Health Assessment Requirement
[ATTACHMENT B](#) – Oral Health Assessment Form
[ANEXO B-1](#) – *Spanish* Oral Health Assessment Form
[ATTACHMENT C](#) – Waiver of Oral Health Assessment Requirement
[ANEXO C-1](#) – *Spanish* Waiver of Oral Health Assessment Requirement
[ATTACHMENT D](#) – LAUSD-PARTNER PROVIDER Dental Screening Opt-Out Form
[ANEXO D-1](#) – *Spanish* LAUSD-PARTNER PROVIDER Dental Screening Opt-Out Form
[ATTACHMENT E](#) – MiSiS Job Aid ENR 020-0600 K-1 Students Missing Oral Health Assessment of Waiver

ASSISTANCE: Student Medical Services Branch(213) 202-7584
 District Nursing Services Branch(213) 202-7580
[MiSiS](#) data entry support..... (213) 241-5200, select Option 5 then Option 2
[Welligent](#) support (213) 241-5200, select Option 5 then Option 4

**NOTIFICATION LETTER TO ACCOMPANY ORAL HEALTH ASSESSMENT FORM AND
WAIVER OF ORAL HEALTH ASSESSMENT REQUIREMENT**

(use school letterhead)

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, CA Education Code [§ 49452.8](#) requires that your child have an oral health assessment or dental check-up in his or her first year in public school (Transitional Kindergarten, Kindergarten or First Grade) unless you complete a waiver form. 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 of the school year. If your child has had an oral health assessment or dental check-up in the past 12 months, please take the attached form to your child's dentist to complete. If your child does not currently have a dentist, the following information will help you find a dentist:

1. You may 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/Medi-Cal/Pages/home.aspx>).
2. You may call the toll-free Helpline of LAUSD Children's Health Access and Medi-Cal Program (CHAMP) at (213) 241-3840 option 1, or email champ@lausd.net for assistance with getting insurance.
3. For additional resources that may be helpful, contact your local public health department: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

If you cannot take your child for an oral health assessment, please fill out the "Waiver of Oral Health Assessment Requirement" and return the form to your school's main office. Your child's identity will not be in any report. Schools keep students' health information private. You may get more copies of the form at your child's school.

A school may host a free oral health screening event at which licensed dentists, or other licensed or registered dental health professionals perform school site screenings of students enrolled in the school. Your child shall be given an oral health screening unless you have opted out of the school site screening. You can indicate that you do not consent to your child receiving the oral health screening by completing the dental opt-out form found on <https://www.lausd.org/dentalscreening>. A failure to opt-out of the pupil oral health screening shall not be deemed to be consent for dental treatment of any kind. Your child shall not receive dental treatment of any kind as part of the school site screening unless you have provided informed consent for the treatment.

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are 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 to and learning at school.

Here is additional valuable information 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 oral health assessment requirement, please contact District Nursing Services, Oral Health Resource Nurse, (213) 202-7580.

Sincerely,

Principal
BUL-3585.9
Medical Services Division

CARTA DE NOTIFICACIÓN PARA ACOMPAÑAR EL FORMULARIO DE EVALUACIÓN DE SALUD ORAL Y LA EXENCIÓN DEL REQUISITO DE EVALUACIÓN DE SALUD ORAL
(use school letterhead)

Estimado padre o Tutor:

La salud oral ayuda a que su estudiante tenga un buen desempeño en la escuela. Para asegurarse de que su estudiante esté preparado para la escuela, la [Sección 49452.8](#) del Código de Educación de California requiere que su estudiante reciba una revisión de salud oral o un chequeo dental en su primer año en la escuela pública (Kinder Transicional, Kinder o Primer Grado), a menos de que usted llene un formulario de exención. Todo estudiante necesita una revisión de salud oral de un dentista con licencia u otro profesional de la salud dental con licencia o registrado, y un "Formulario de Evaluación de Salud Oral" cumplimentado (adjunto a esta carta) para cumplir con este requisito.

Si su estudiante no ha recibido una evaluación de salud oral en los últimos 12 meses, necesitará una antes del 31 de mayo del año escolar. Si su estudiante recibió una evaluación de salud oral o un chequeo dental en los últimos 12 meses, por favor lleve el formulario adjunto al dentista de su estudiante para que lo complete. Si su estudiante actualmente no tiene un dentista, la siguiente información le ayudará a encontrar un dentista:

1. Puede llamar al Centro de Servicio Telefónico de Medi-Cal al 1-800-322-6384 o visitar Smile California - *Find a Dentist* (<https://smilecalifornia.org/find-a-dentist/>) para encontrar un dentista que acepte Medi-Cal. Para obtener ayuda con la inscripción de su estudiante en Medi-Cal, la puede solicitar por correo oficial, presentarse en la oficina local de Servicios Sociales, o enviar la solicitud en línea por *Apply for Medi-Cal*: (<https://www.dhcs.ca.gov/Medi-Cal/Pages/home.aspx>).
2. Puede llamar a la línea de ayuda gratuita del Programa de Acceso a la Salud Infantil y Medi-Cal (CHAMP) de LAUSD al (213) 241-3840 Opción 1 o enviar un correo electrónico a champ@lausd.net para recibir ayuda con la obtención de un seguro.
3. Para obtener recursos adicionales que podrían ser útiles, comuníquese con su departamento de salud pública local: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

Si usted no puede llevar a su estudiante para una evaluación de salud oral, por favor llene el formulario de "Exención del Requisito de Evaluación de Salud Oral" y entréguelo a la oficina principal de su escuela. La identidad de su estudiante no estará en ningún informe. Las escuelas protegen la privacidad de la información de salud de los estudiantes. Puede obtener más copias del formulario en la escuela de su estudiante.

Una escuela puede organizar un evento gratuito de revisión de salud oral en el que dentistas con licencia u otros profesionales de la salud dental con licencia o registrados realicen revisiones en el plantel escolar de los estudiantes inscritos en la escuela. A su estudiante se le realizará una revisión de salud oral a menos que haya optado por no participar en la revisión en el plantel escolar. Puede indicar que no da su consentimiento para que su estudiante reciba la revisión de salud oral completando el formulario de exención dental que se encuentra en <https://www.lausd.org/dentalscreening>. El hecho de no optar por que el estudiante no participe en la revisión de salud oral no se considerará el consentimiento para un tratamiento dental de ningún tipo. Su estudiante no recibirá tratamiento dental de ningún tipo como parte de la revisión en el plantel escolar a menos que usted haya dado su consentimiento informado para el tratamiento.

¡Queremos que su estudiante esté sano y listo para la escuela! A pesar de que los dientes de leche terminan cayéndose, son importantes. Los niños necesitan dientes de leche sanos para comer, hablar, sonreír y sentirse bien consigo mismos. Los niños con caries dentales pueden tener dolor, dificultad para comer, dejar de sonreír, y tener problemas para prestar atención y aprender en la escuela.

La siguiente información adicional es valiosa para ayudar a su estudiante a mantenerse saludable:

- Llevar a su estudiante al dentista. Los chequeos dentales pueden ayudar a mantener la boca de su estudiante saludable y libre de dolor.
- Elegir alimentos saludables para toda la familia, como frutas y verduras frescas.
- Cepillarse los dientes al menos dos veces al día con pasta dental que contenga fluoruro.
- Limitar los dulces y las bebidas endulzadas como ponche, jugo o soda. Las bebidas endulzadas y los dulces contienen mucha azúcar, lo cual causa caries y deja menos espacio para que su estudiante consuma alimentos y bebidas saludables. Las bebidas endulzadas y los dulces también pueden causar problemas de peso, lo cual puede conducir a otras enfermedades, como la diabetes. Dele a su estudiante otras opciones saludables como agua, leche y fruta.

Si tiene preguntas sobre el requisito de evaluación de salud oral, comuníquese con el Personal de Enfermería de Recursos de Salud Oral, que forma parte de los Servicios Distritales de Enfermería al (213) 202-7580.

Atentamente,

Director/a

Oral Health Assessment Form

California law (*Education Code § 49452.8*) says every child must have a dental check-up (assessment) by May 31 of the child’s Transitional Kindergarten; Kindergarten or, if no Kindergarten, First Grade year in public school. Proof shall be required only once during two-year Kindergarten program. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child has 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.

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: To be completed by the parent or guardian | | | | |
|---|------------|---|---------------------------|-----------------------|
| Child’s First Name: | Last Name: | Middle Initial: | Birth Date (mo/day/year): | |
| Street Address: | | Apt: City: | Zip: | Phone: () |
| School Name: | Teacher: | Child’s Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary | Grade: | Parent/Guardian Name: |
| Child’s Race/Ethnicity (Optional): | | | | |
| <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"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify) | | | | |

California law requires schools to maintain the privacy of students’ health information. Your child’s identity will not be associated with any report produced because of this requirement. If you have any questions about this requirement, please contact your school office.

| SECTION 2: Oral Health Data Collection | | | |
|---|---|---|--|
| To be completed by a California licensed dental professional | | | |
| Assessment Date: | 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="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed |

Signature of Licensed Dental Professional

CA License Number

Print Name

Date

*Check “Yes” for “Caries experience” if there is presence of untreated decay and/or fillings

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

RETURN THIS FORM TO THE SCHOOL NO LATER THAN MAY 31
Original to be kept in student’s school health record

Formulario de Evaluación de la Salud Oral

La ley de California ([Sección 49452.8](#) del Código de Educación) dicta que se debe realizar un chequeo dental a cada menor (evaluación) a más tardar el 31 de mayo de su año en Kinder transicional; Kinder, o en caso de no haber cursado el Kinder, en Primero de Primaria en la escuela pública. La prueba se requerirá solo una vez durante el programa de Kinder de dos años. Un profesional dental con licencia de California debe realizar el chequeo y llenar la Sección 2 de este formulario. Si su estudiante recibió un chequeo dental en los últimos 12 meses, pídale a su dentista que llene la Sección 2. Si usted no puede obtener un chequeo dental para su estudiante, llene el formulario de "Exención del Requisito de Evaluación de Salud Oral" por separado.

Los estudiantes necesitan una buena salud oral para hablar con confianza, expresarse, estar sanos y listos para aprender. La mala salud oral se ha relacionado con un menor rendimiento escolar, relaciones sociales deficientes y menos éxito en el futuro. Por esta razón, le agradecemos por su contribución a la salud y el bienestar de la niñez de California

| SECCIÓN 1: A ser completado por el padre o tutor legal | | | | |
|---|-----------|---|------------------------------------|-------------------------------|
| Nombre del estudiante: | Apellido: | Inicial del segundo nombre: | Fecha de nacimiento (mes/día/año): | |
| Domicilio: Dpto.: Ciudad: | | Código postal: | Tel.: () | |
| Nombre de la escuela: | Maestro: | Género del estudiante: <input type="checkbox"/> Masc. <input type="checkbox"/> Fem. <input type="checkbox"/> No binario | Grado: | Nombre de padres/tutor legal: |
| Origen racial/étnico del menor (opcional): | | | | |
| <input type="checkbox"/> Blanco <input type="checkbox"/> Afrodescendiente/Afroamericano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Indígena Americano <input type="checkbox"/> Multirracial <input type="checkbox"/> Originario de Hawái /Islaño del Pacífico <input type="checkbox"/> Desconocido <input type="checkbox"/> Otro (especificar) | | | | |

La ley de California requiere que las escuelas protejan la privacidad de la información de salud de los estudiantes. La identidad de su estudiante no estará asociada con ningún informe que sea resultado de este requisito. Si tiene alguna pregunta sobre este requisito, favor de comunicarse a la oficina de su escuela.

| SECCIÓN 2: Recopilación de datos de salud oral | | | |
|--|--|--|--|
| A ser completado por un profesional dental con licencia de California | | | |
| Fecha de la revisión: | Caries no tratada (presencia de caries visibles): <input type="checkbox"/> Sí <input type="checkbox"/> No | *Historial de caries: (presencia de caries y/o empastes visibles) <input type="checkbox"/> Sí <input type="checkbox"/> No | Urgencia del tratamiento: <input type="checkbox"/> No se encontró un problema obvio <input type="checkbox"/> Se recomienda atención dental temprana <input type="checkbox"/> Se necesita atención urgente |

Firma

Número de licencia del dentista profesional

Nombre con letra de molde

Fecha

* Marcar "Sí" en la sección de caries si hay presencia de caries sin tratar o empastes

* Marcar "No" en la sección de caries si no hay caries sin tratar ni empastes

ENTREGUE ESTE FORMULARIO EN LA ESCUELA A MÁS TARDAR EL 31 DE MAYO
El formulario original se archivará en el registro escolar del estudiante

Waiver of Oral Health Assessment Requirement

To be filled out by parent or legal guardian ONLY if asking to be excused from this requirement.

Name:

DOB:

Grade:

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

Insurance Reasons:

I am unable to find a dental office that will take my child's insurance plan.

My child is covered by the following insurance plan:

Healthy Kids

Medi-Cal/Dental-Cal

Covered California

None

Other: _____

Monetary Reasons:

I cannot afford an oral health assessment for my child.

Personal Reasons:

I cannot find the time to get to the dentist (e.g., cannot get time off from work, the dentist does not have convenient office hours).

I cannot get to a dentist easily (e.g., do not have transportation, located too far away).

I do not believe my child would benefit from an assessment. (If you do not want to participate in the dental screening for your child, please complete the bottom portion of this form and complete the "...Opt-Out Form").

Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child).

Signature of Parent

Print Name

Date

The law states schools must keep student health information private. Your child's name will not be part of any report because 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

Original to be kept in student's school health record

Exención al Requisito de Evaluación de Salud Oral

El padre de familia o tutor legal pueden llenar esta sección **SOLAMENTE** si solicitan una exención.

Nombre:**Fecha de nac.:****Grado:**

Solicito que mi estudiante sea eximido del requisito de evaluación de salud oral por la siguiente razón: (Por favor marque la casilla que mejor describe la razón.)

Razones del Seguro:

No puedo encontrar un consultorio dental que acepte el plan de seguro de mi estudiante.

Mi estudiante está cubierto por el siguiente plan de seguro:

Healthy Kids

Medi-Cal/Dental-Cal

Covered California

Ninguno

Otro: _____

Razones Monetarias:

No puedo pagar una evaluación para estudiante.

Razones Personales:

No puedo organizar mi tiempo para ir a un dentista (por ejemplo, no puedo obtener tiempo libre del trabajo, el dentista no tiene horarios convenientes de oficina).

No puedo llegar a un dentista fácilmente (por ejemplo, no tengo transporte, el consultorio está muy lejos).

No creo que le sea conveniente una evaluación a mi estudiante. (si desea que su estudiante NO participe en una evaluación de salud dental, por favor complete la parte inferior de este formulario y complete el "Formulario de Exención...").

Otro (favor de especificar la razón que no figura arriba como motivo para solicitar la exención de esta revisión para su estudiante):

*Firma del Padre de Familia*_____
*Nombre con letra de molde*_____
Fecha

La ley establece que las escuelas deben proteger la privacidad de la información de salud de los estudiantes. El nombre de su estudiante no formará parte de ningún informe como resultado de esta ley. Esta información solo se puede utilizar para fines relacionados con la salud de su estudiante. Si tiene alguna pregunta, favor de llamar a su escuela.

ENTREGUE ESTE FORMULARIO EN LA ESCUELA A MÁS TARDAR EL 31 DE MAYO
El formulario original se archivará en el registro escolar del estudiante

MEMBERS OF THE BOARD
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 DR. ROCÍO RIVAS



**LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES**
 333 South Beaudry Avenue, 24th Floor
 Los Angeles, CA 90017
 Telephone: (213) 241-7000 | Fax: (213) 241-8442

 Alberto M. Carvalho
Superintendent

LAUSD-PARTNER PROVIDER Dental Screening Opt-Out Form

Dear Parent/Legal Guardian/Educational Rights Holder (Parent) of an LAUSD student enrolled in **Transitional Kindergarten, Kindergarten, or First Grade enrolling for the first time in public school:**

Your child's school may have the opportunity to host a free on-site **DENTAL HEALTH SCREENING** for students **enrolled in Transitional Kindergarten, Kindergarten, or First Grade who have not previously enrolled in Kindergarten in public school** by a licensed dental professional or registered dental health professional. The purpose of this screening event is to identify your child's dental needs, connect to care, and eliminate health barriers to learning. If your child is screened and found to have an urgent problem, your child will be sent home with a letter. If you receive a letter, it is important that you take your child to a dental provider for an evaluation.

Participating in a school dental screening has many benefits:

- ✓ You do not need to take time off from work.
- ✓ No missed workdays for you or missed school days for your child/children.
- ✓ **FREE** dental assessment by a licensed dental professional.
- ✓ No instruments are used during screening. Just a quick look at your child's teeth.
- ✓ **FREE** referral to a dental professional, if needed.



For more information about these free dental screenings, please scan this QR code: or visit a [Dental Clinic](#) that conducts screenings, exams, and restorative care.

If you want your child to participate in the dental health screening, NO FURTHER ACTION IS NEEDED. Your child's name, date of birth, grade, school name, and your name, phone number, and address will automatically be shared with the health professional(s) conducting the screening.

If you *DO NOT* want your child to participate in the dental health screening, please complete the bottom portion of this letter and return it to your child's school. Forms not received may result in screenings being rendered.

*Only complete and sign the form directly below this line if you **do not** want your child to receive a dental health screening.*

I DO NOT wish to have my child participate in the school's free on-site dental screening.

Print Student Name

*Date of Birth
(mo./day/year)*

Name of School

Print Parent Name

Parent Signature

Date

For Office Use Only: To input information into MiSiS->Miscellaneous tab->Health Screening->Scroll Middle of Page->External Partner Dental (select from drop down menu)->Opt-out.

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES BOLETÍN DE POLÍTICA

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Superintendent

Formulario de Exención de la Revisión Dental por SOCIOS PROVEEDORES de LAUSD

Estimado Padre/Tutor Legal/Titular de Derechos Educativos (Padre) de un estudiante de LAUSD inscrito en los grados de **Kínder Transicional, Kínder, o Grado 1 inscrito por vez primera en escuela pública:**

La escuela de su estudiante posiblemente reciba la oportunidad de ofrecer una **REVISIÓN DE SALUD DENTAL** gratuita en sus instalaciones para estudiantes **inscritos en los grados de Kínder Transicional, Kínder, o Grado 1 que no se hayan inscrito anteriormente en escuelas públicas**, a cargo de un profesional dental con licencia o un profesional de la salud dental acreditado. El propósito de este evento de revisión consiste en identificar las necesidades dentales de su estudiante, conectarlo con la atención correspondiente, y eliminar las barreras de salud para el aprendizaje. Si se realiza la revisión para su estudiante y se observa que tiene un problema dental urgente, se le enviará una carta a su hogar por medio de su estudiante. Si recibe una carta, es importante que lleve a su estudiante a un dentista o profesional de atención dental para una evaluación.

Participar en una revisión dental en la escuela trae muchos beneficios:

- ✓ No es necesario que se tome tiempo libre del trabajo.
- ✓ Usted no tendrá que faltar al trabajo ni su estudiante a clase.
- ✓ La evaluación dental **GRATUITA** se realiza a cargo de un profesional dental con licencia.
- ✓ No se utilizan instrumentos durante la revisión. Solamente se examinan de manera breve los dientes del estudiante.
- ✓ Referencia **GRATUITA** a un profesional dental, si es necesario.

Para más información sobre estas revisiones dentales gratuitas, favor de escanear este código QR:
o visite una [Clínica Dental](#) que realiza revisiones, exámenes, y cuidado dental restaurativo.



Si desea que su estudiante participe en la revisión de salud dental, NO es necesario que haga nada más. El nombre de su estudiante, la fecha de nacimiento, grado, nombre de su escuela y el nombre de usted, número de teléfono y dirección se compartirán automáticamente con el profesional o profesionales de la salud que realicen la revisión.

Si usted *NO* desea que su estudiante participe en la revisión de salud dental, por favor complete la parte inferior de esta carta y entréguela en la escuela de su estudiante. Los formularios no recibidos podrían dar lugar a que se realicen las revisiones.

Sólo complete y firme el formulario directamente debajo de esta línea si **no desea** que su estudiante reciba una revisión de salud dental.

NO deseo que mi estudiante participe en la revisión dental gratuita en el plantel.

Nombre del Estudiante con letra de molde

Fecha de Nacimiento
(mes/día/año)

Nombre de la Escuela

Nombre del Padre de Familia con letra de molde

Firma del Padre de Familia

Fecha

For Office Use Only: To input information into MiSiS->Miscellaneous tab->Health Screening->Scroll Middle of Page->External Partner Dental (select from drop down menu)->Opt-out.



**Job Aid ENR 020-0600
K-1 Students Missing Oral Health
Assessment or Waiver**

May 16, 2024

This job aid provides instruction on how to access and update the Oral Health Assessment information for a student.

BUL-3585.8 Oral Health Assessment for Transitional Kindergarten, Kindergarten or First Grade, addresses AB 2630, which passed in September 2024, and took effect on January 1, 2025. This new legislation clarifies that the existing Kindergarten Oral Health Assessment (KOHA) requirement (EC 49452.8) will now apply to children enrolled in Transitional Kindergarten (TK). As a result, students enrolled in TK or K will be required to complete the KOHA form, ensuring earlier oral health screening and intervention. Proof shall be required only once during a two-year Kindergarten program. Transitional Kindergarten, Kindergarten students while enrolled in a public school, or First Grade students not previously enrolled in a public school, must present evidence of having received an oral health assessment by May 31 of the school year. This assessment may be performed no earlier than 12 months prior to the date of the initial enrollment of the student into a public school. This law will impact students enrolled in Transitional Kindergarten, Kindergarten, or First Grade who have not previously enrolled in public school.

Users with the **Office Manager, Health Office, and Nursing Office Admin** will be able to perform the tasks outlined in this document. The job aid was created using the **Office Manager** role at an **elementary** school.

Log in

1. Log in to MiSiS at <http://misis.lausd.net/start>, using your single sign-on (SSO).
2. Select the correct user role from the landing page.

MENU PATH

Student Profile > Miscellaneous > Health Screening

PROCEDURE

Step 1 Type the student’s name in the **Search Students** field and click **Search**.

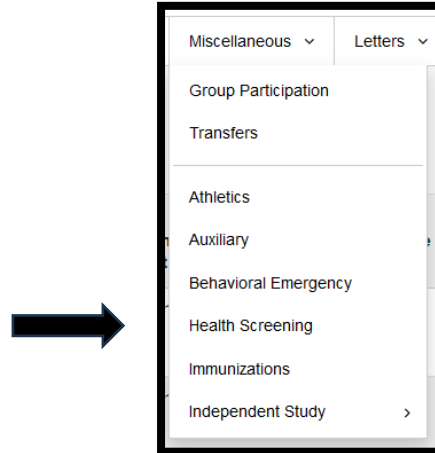
Step 2 When the results display, click on the student’s name to access the **Student Profile**.



ENR 020-0600
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Step 3 Hover over the **Miscellaneous** menu and select the **Health Screening** option.



Step 4 Scroll down to the section, **Dental/Oral Health Assessment**. Enter the date and click on the drop-down list for the desired selection to update the student's health information.

| Dental/Oral Health Assessment | | | |
|-------------------------------|---|----------------------------|--|
| Waiver Date: | <input type="text" value="05/05/2024"/> | Dental Waiver Reason: | <input type="text" value="-Select Dental Waiver R..."/> |
| Dental Examination Date: | <input type="text"/> | Dental Examination Result: | <input type="text" value="-Select Dental Examinati..."/> |

Note: You can *either* enter the Waiver Date and Dental Waiver Reason *OR* the Dental Examination Date and the Dental Examination Result. Once you enter the date for one, the other option will be greyed out (locked).

Step 5 Click the **Save** Button.