

Lucerne Elementary School

3351 Country Club Drive

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Lucerne, CA 95458

Telephone: 707-274-5578 Fax: 707-274-9865

Dear Parent or Guardian:

Please be advised in order to make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires:

- That your child has an oral health assessment (**dental check-up**) by **May 31** in either kindergarten or first grade, whichever is his /her first year in public school.
- Dental exams must have been completed within 12 months before your child enters school to meet this requirement.
- That a licensed dentist or other licensed or registered dental health professional provides the assessment (**dental exam**).
- If you do not have insurance, you may make an appointment for your child at Lakeside Health Center's Dental office and have a Dentist examine your child's teeth free of charge to fill out this form. Please call Lakeside Health Center at 263-7725 for more information or contact Missy Hill, with Healthy Start, at 275-9076.

The following steps are important to meet this requirement:

***Take the attached Oral Health Assessment/Waiver Request form to the dental office, so it can be completed at the time of your child's check-up. *If you cannot or choose not to* take your child to a Dentist for this required assessment, please indicate the reason for this in Section 3 of the form (Waiver of Oral Health Assessment requirement).**

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/>.

Return the completed form to the school.

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, you may contact Lake County Department of Social Services at (707) 995-4200 or at <http://www.dhs.ca.gov/mcs/mediCalhome/CountyListing1.htm>.
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 at <http://www.healthyfamilies.ca.gov/hfhome.asp>.
3. For additional resources that may be helpful, contact the local public health department at (707) 263-1090 or at <http://www.dhs.ca.gov/mcs/medi-Calhome/CountyListing1.htm>

Remember, your child is not healthy and ready for school if he or she has poor dental health!

If you have questions about the oral health assessment (dental exam) requirement, please contact Lucerne Elementary School at 707-274-5578.

Sincerely,

Mike Brown, Principal/Superintendent



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 his 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 started 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: 20px;"> _____ Licensed Dental Professional Signature _____ CA License Number _____ Date </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 because: (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 Families 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.