Introduction

The Oral Health Assessment Requirement (AB1433) became effective on January 1, 2007. AB1433 requires oral health assessments for children entering public school for the first time (at kindergarten or first grade). This requirement will identify children who need further examination and dental treatment, and will identify barriers to receiving care. The ultimate goal of this requirement is to establish a regular source of dental care for every child. **Schools play a critical role in ensuring the success of this requirement!**

AB1433 allows for an oral health assessment to be completed as early as 12 months prior to school starting and as late as May 31st of the first year of school. The assessment, or evaluation can be met in many ways. It may be a complete examination and treatment plan performed by a California licensed dentist or a more basic oral health evaluation, such as a dental screening, which can be performed by a California licensed dentist, a registered dental hygienist, or a registered dental assistant with supervision.

The oral health assessment, when given at kindergarten or first grade entry, detects problems that may interfere with learning. Early identification and treatment of oral health problems are important to help a child reach his/her full development potential. AB1433 is specified in the California Education Code Section 49452.8 (see Appendix A).

**Verbal confirmation of obtaining an oral health assessment for a child by their parent or legal guardian does not constitute acceptable documentation.** If a family does not wish to obtain an oral health assessment for their child based upon personal beliefs, a parent or guardian must sign the waiver portion at the bottom of the “Oral Health Assessment Form” (see Appendix D3 and D4). **Parents should be encouraged to obtain an oral health assessment for their child. The signing of the waiver should not be used by parents to avoid the important responsibility of obtaining oral health care for their children.**
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The *Oral Health Assessment* and *CHDP School Entry Health Examination* requirements are different but can work together. The following timeline is designed to show you each requirement’s process from start to finish. As you will see from the timeline, both requirements can take nearly two years to complete beginning with distribution of forms in kindergarten registration packets all the way to final data reporting.

*Children who receive a CHDP exam may be eligible for a free dental exam.*

**Check with the San Diego County Office of Education to see when office will be closed for winter break. Reports should be sent prior to winter break.**
Distribution of Oral Health Assessment Forms

Schools should distribute oral health assessment forms as soon as possible to parents. This can occur on enrollment days, kindergarten round-up and back-to-school nights. In an effort to meet this requirement, schools are encouraged to create an oral health assessment packet that includes the following:

1. **Informational flyer/cover letter on the oral health assessment requirement** (see Appendix D1 and D2)
2. **Oral Health Assessment Form** (see Appendix D3 and D4)
3. **Dental Road Map to help families obtain an oral health assessment for their children** (see Appendix E2 – E5)

Also, a sample oral health assessment packet can be found in Appendix D. Schools can also add to this packet the best Dental Road Map for your area from Appendix E2 – E5.

The State-approved oral health assessment form is available in several languages. You can find the form in both English and Spanish in Appendix D3 and D4 or you can download copies of the form at [www.cda.org](http://www.cda.org).
Obtaining an Oral Health Assessment

Parents will need one of the following documents in order to meet the kindergarten oral health assessment requirement:

- The “Oral Health Assessment Form” (see Appendix D3 and D4) completed by a licensed California dentist, registered dental hygienist, or registered dental assistant under supervision.
- Other complete oral examination and treatment plan forms from a licensed California dentist that provide the same needed information.

All children should obtain the oral health assessment from their regular source of dental care. However, if a child does not have a regular source of dental care or if his/her family cannot afford an oral health assessment, the following are options for completing the oral health assessment:

- **Refer families with low-incomes to the San Diego Kids Health Assurance Network (SD-KHAN) at 1-800-675-2229.**
  SD-KHAN staff can help families apply for Medi-Cal/Denti-Cal or Healthy Families insurance coverage. They can also help families access CHDP services and CHDP Gateway. Through CHDP Gateway, an eligible child can receive presumptive Medi-Cal and Denti-Cal eligibility for the month of the CHDP exam and the following month and can use this coverage to access dental services.
- **Provide the child's family with a list of dentists in their area.**
  The Child Health and Disability Prevention (CHDP) program mails a list of Denti-Cal providers every Fall to each school district. If you would like more copies, please call CHDP Health Promotion at 619-692-8486.
- **Provide the child's family with a copy of the ‘A Road Map to Community Dental Clinics’ for their area.**
  The San Diego Dental Health Coalition has compiled lists of community dental clinics for North, East, South, and Central County. Copies of this resource are included in Appendix E. You can also access copies of the road maps at [www.sharethecaredental.org](http://www.sharethecaredental.org).
- **Call the San Diego County Dental Society at 619-275-0244 for referrals to private dentists.**
School Data Collection and Reporting

Schools should submit data for their individual school to their district office by the end of the current school year. This will give the district office several months to compile and submit Oral Health Report data to the San Diego County Office of Education by December 31st of the next school year. It is suggested that data from completed Oral Health Assessment Forms be tabulated and compiled as they are received starting at the beginning of the school year until the due date of May 31st of the following year.

The following information needs to be included in the school report. **Numbers of:**

1. students (kindergarteners plus first graders newly enrolled in public school)
2. students who obtained an oral health assessment
3. students with caries experience (Visible decay and/or fillings present)
4. students with visible decay present (untreated decay)
5. students with no obvious problem found
6. students with early dental care recommended
7. students with urgent care needed
8. students with waivers because:
   a. Families were unable to find a dental office that took their insurance plan
   b. Could not afford assessment
   c. Did not want assessment
9. students who did not submit an oral health assessment form or waiver (see Appendix D3 and D4)

Example data collection and reporting tools for schools are available in Appendix F1 and F2. They can be used to keep running totals of the numbers that need to be reported to the district office.

Districts need to compile data for all schools in their district and submit a report to the San Diego County Office of Education by December 31st of each year. An example data collection tool for districts can be found in Appendix F3. More information on reporting can be found on the following page.
District Reporting to the San Diego County Office of Education

School Districts must submit one Oral Health Report for their entire district to the San Diego County Office of Education. Reports are due every year by December 31st for data collected during the previous school year.*

There are two reporting forms (Word or Excel) available on the School Nurse section of the SDCOE Website www.sdcoe.net/nurse/oralhealth.asp. Either of these formats are acceptable. Other district developed forms are also acceptable as long as the collected data includes the key information on the previous page.

Oral Health Reports are to be sent via e-mail to the San Diego County Office of Education SMILES Program at smiles@sdcoe.net. Receipt of the report will be quickly acknowledged.

For additional questions, contact the San Diego County Office of Education:

Jeanne Salvadori  
School Nursing Services Program Specialist  
j_salvadori@sdcoe.net  
(858) 292-3672

Cindy Muehleisen  
Project Coordinator  
muehleis@sdcoe.net  
(619) 718-3104

*NOTE: Check with the San Diego County Office of Education to see when the office will be closed for winter break. Reports should be sent one week prior to winter break.
## APPENDIXES

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Oral Health Assessment Education Code
Education Code Section 49452.8 pertaining to Oral Health Assessment.

(a) A pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school if the pupil was not previously enrolled in kindergarten in a public school, shall, no later than May 31 of the school year, present proof of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional operating within his or her scope of practice, that was performed no earlier than 12 months prior to the date of the initial enrollment of the pupil.

(b) The parent or legal guardian of a pupil may be excused from complying with subdivision (a) by indicating on the form described in subdivision (d) that the oral health assessment could not be completed because of one or more of the reasons provided in subparagraphs (A) to (C), inclusive, of paragraph (2) of subdivision (d).

(c) A public school shall notify the parent or legal guardian of a pupil described in subdivision (a) concerning the assessment requirement. The notification shall, at a minimum, consist of a letter that includes all of the following:

1. An explanation of the administrative requirements of this section.
2. Information on the importance of primary teeth.
3. Information on the importance of oral health to overall health and to learning.
4. A toll-free telephone number to request an application for Healthy Families, Medi-Cal, or other government-subsidized health insurance programs.
5. Contact information for county public health departments.
6. A statement of privacy applicable under state and federal laws and regulations.

(d) In order to ensure uniform data collection, the department, in consultation with interested persons, shall develop and make available on the Internet Web site of the department, a standardized notification form as specified in subdivision (c) that shall be used by each school district. The standardized form shall include all of the following:

1. A section that can be used by the licensed dentist or other licensed or registered dental health professional performing the assessment to record information that is consistent with the information collected on the oral health assessment form developed by the Association of State and Territorial Dental Directors.
2. A section in which the parent or legal guardian of a pupil can indicate the reason why an assessment could not be completed by marking the box next to the appropriate reason. The reasons for not completing an assessment shall include all of the following:
   
   A) Completion of an assessment poses an undue financial burden on the parent or legal guardian.
   B) Lack of access by the parent or legal guardian to a licensed dentist or other licensed or registered dental health professional.
   C) The parent or legal guardian does not consent to an assessment.

(e) Upon receiving completed assessments, all school districts shall, by December 31 of each year, submit a report to the county office of education of the county in which the school district is located. The report shall include all of the following:

1. The total number of pupils in the district, by school, who are subject to the requirement to present proof of having received an oral health assessment pursuant to subdivision (a).
2. The total number of pupils described in paragraph (1) who present proof of an assessment.
(3) The total number of pupils described in paragraph (1) who could not complete an assessment due to financial burden.

(4) The total number of pupils described in paragraph (1) who could not complete an assessment due to lack of access to a licensed dentist or other licensed or registered dental health professional.

(5) The total number of pupils described in paragraph (1) who could not complete an assessment because their parents or legal guardians did not consent to their child receiving the assessment.

(6) The total number of pupils described in paragraph (1) who are assessed and found to have untreated decay.

(7) The total number of pupils described in paragraph (1) who did not return either the assessment form or the waiver request to the school.

(f) Each county office of education shall maintain the data described in subdivision (e) in a manner that allows the county office to release it upon request.

(g) This section 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 the purpose of data analysis.

(2) Use of assessment data that is compliant with the federal Health Insurance Portability and Accountability Act of 1996 (P.L.104-191) for purposes of conducting research and analysis on the oral health status of public school pupils in California.

(h) This section does not preclude a school district or county office of education from developing a school site-based oral health assessment program to meet the requirements of this section.

(i) The Office of Oral Health of the Chronic Disease Control Branch of the State Department of Health Services shall conduct an evaluation of the requirements imposed by this section and prepare and submit a report to the Legislature by January 1, 2010, that discusses any improvements in the oral health of children resulting from the imposition of those requirements. The Office of Oral Health may receive private funds and contract with the University of California to fulfill the duties described in this subdivision.

SEC. 3. Funds allocated to local educational agencies pursuant to Item 6110-268-0001 of Section 2.00 of the Budget Act of 2006 (Chapters 47 and 48 of the Statutes of 2006) shall first be used to offset any reimbursement to local educational agencies provided pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code for costs mandated by the state pursuant to this act.

SEC. 4. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
Oral Health Assessment (AB1433) FAQs

What exactly do students need to have at school entry to meet the oral health assessment requirement?

- An oral health assessment. This may be either
  - A complete oral examination and treatment plan (performed by a dentist): or,
  - A basic oral health evaluation or dental screening (by a dentist, registered dental hygienist (RDH), or a registered dental assistant (RDA) with supervision).
- Oral Health Assessment forms are available at www.sdcoe.net/nurse/oralhealth.asp

What is the purpose of this requirement?

- Goals are to establish a regular source of dental care for every child, to identify those who need further examination and treatment, and to identify barriers to receiving care.

What is meant by “school entry”?

- School entry means all kindergarten students in the public school system.
- For children who do not enter the public school until first grade, then school entry is first grade.
- If a child does not enter a California public school district until after first grade, the State does not require school districts to elicit this assessment. However, it is possible some districts will choose to elicit this information from parents/guardians.

Can a child’s doctor or a school nurse fulfill this requirement?

- No, the assessment must be performed by a licensed dentist or other licensed/registered dental health professional (e.g., an RDH without supervision or RDA with supervision).

Can a dentist outside of USA perform the health assessment? Outside of California?

- No, the examining dental health professional must be licensed in California.

How are parents/guardians going to know about this requirement?

- Parents/guardians should be sent a notification letter from their child’s school.

How close to the first day of school must the oral health assessment be provided?

- As early as 12 months before school starts; And as late as May 31st of the first year of school.

What are districts going to do with these assessment reports?

- Districts must aggregate the data and send an annual report to their county office of education.

What if a parent/guardian refuses or cannot afford to pay for a dental assessment?

- Schools must provide parents/guardians with benefit enrollment information (e.g., MediCal; Healthy Families).
- Parents/guardians may sign a waiver of this requirement if they cannot find a dental office that takes their child’s insurance; cannot afford to pay; or parent/guardian chooses not to have their child assessed.
- Many schools are working with local societies of oral health professionals to ensure at least a minimal evaluation for each student.

How may San Diego health professionals and agencies assist parents/guardians with this requirement?

- If you know of children who require an oral health assessment, refer families, if they are eligible, to San Diego County Dental Health Initiative/Share the Care at 619-692-8858. www.sharethecaredental.org
- For help linking children with low-incomes to insurance coverage, call the San Diego Kids Health Assurance Network (SD-KHAN) at 1-800-675-2229.

Are children who received a CHDP medical exam eligible for a free dental exam?

- Yes!

This information was compiled by Share the Care – Dental Health Initiative with information from www.cde.ca.gov and www.sdcoe.net.
Oral Health Assessment &
CHDP School Entry Health Examination
Working Timeline

FEBRUARY
☐ Begin distribution of Oral Health Assessment forms in kindergarten registration packets.
☐ Begin distribution of CHDP School Entry Health Examination forms in kindergarten registration packets.

MAY 31ST
☐ All Oral Health Assessment forms from current students need to be completed and returned to school.

JUNE
☐ Compile Oral Health Assessment data on current students and submit to your district office.

JULY to MAY
☐ Begin collecting completed Oral Health Assessment forms from incoming students.

JULY to NOVEMBER
☐ Begin collecting completed CHDP School Entry Health Examination forms from incoming students.
☐ All CHDP School Entry Health Assessment forms need to be completed and returned to school by the 91st day of first grade.

DECEMBER
☐ Oral Health Assessment District Data Report from previous year is due to the San Diego County Office of Education.*
☐ Compile CHDP School Entry Health Examination data on current students and submit to school district office.

JANUARY 15TH
☐ CHDP Annual School Report on current students is due to CHDP Health Promotion.

*Check with the San Diego County Office of Education to see when office will be closed for winter break. Reports should be sent prior to winter break.
Dear Parent or Guardian:

To make sure your child is ready for school, a new 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. Dental assessments completed up to 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 dental health professional.

Please take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child’s check-up.

The following resources will help you find a dentist and complete this requirement for your child:

1. For help in enrolling in either Medi-Cal/Denti-Cal or Healthy Families you may call the San Diego Maternal, Child and Family Health Services toll free help line at 1-800-675-2229. Listen for the SD-KHAN option.
2. For additional resources to find a provider:
   a. San Diego Kids Health Assurance Network at 1-800-675-2229; [http://www.co.san-diego.ca.us/sdkhan/](http://www.co.san-diego.ca.us/sdkhan/)
   b. 2-1-1 San Diego (if you are unable to reach 2-1-1 from your cell phone or you are calling from outside San Diego County, call (858) 300-1211)
   c. San Diego Dental Society 619-275-0244 Contact your school nurse
3. Medi-Cal/Denti-Cal’s toll-free number or web site can help you find a dentist who takes Denti-Cal: 1-800-322-6384; [http://www.denti-cal.ca.gov](http://www.denti-cal.ca.gov)
4. Healthy Families’ toll free number or web site can help you find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305; [http://www.healthyfamilies.ca.gov/hfhome.asp](http://www.healthyfamilies.ca.gov/hfhome.asp)

Remember, if your child has poor dental health, your child is not healthy and ready for school. Here is important advice to help your child stay healthy:

- 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, 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.

Your cooperation with this new law is very much appreciated. 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).

If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. 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.

Sincerely,

District Superintendent
Ejemplo de carta de notificación
(para acompañar el formulario de evaluación de salud bucal y/o abstención)

(USE EL MEMBRETE DEL DISTRITO Y COMPLETE LAS SECCIONES APROPIADAMENTE)

Estimado padre de familia o tutor:

Para asegurarnos que su niño/a esté listo/a para empezar la escuela, el código de educación 49452.8 de la ley de California requiere que todo niño/a que entre al jardín de niños o a primer año de primaria, cualquiera de los dos casos que sea la primera experiencia de su niño/a en una escuela pública, obtenga una revisión de su boca (examen dental) antes del 31 de mayo. Las evaluaciones de salud oral que se hallan hecho durante los 12 meses antes de que su niño/a entre a la escuela se tomarán en cuenta cumpliendo con este requisito. La ley establece que la evaluación debe estar hecha por un dentista acreditado o por cualquier otro profesional acreditado en salud oral. La ley establece que la evaluación debe estar hecha por un dentista registrado o por cualquier otro profesional en salud oral con licencia para ejercer ese derecho profesional.

Lleve la solicitud de evaluación dental y/o abstención adjunta, al consultorio dental, ya que la necesitarán para el examen de su niño/a.

La lista de recursos siguiente le ayudará a encontrar un dentista para que usted pueda cumplir con este requisito:

1. Para registrarse en Medi-Cal/Denti-Cal o Healthy Families puede llamar al departamento de salud, materno-infantil y familiar al teléfono de asistencia al público al 1-800-675-2229. Escuche las opciones de SD-KHAN.

2. Otras opciones para encontrar un proveedor de servicios dentales:
   a. Red de seguro de salud para niños en San Diego (San Diego Kids Health Assurance Network) al 1-800-675-2229 o [http://www.co.san-diego.ca.us/sdkhan/](http://www.co.san-diego.ca.us/sdkhan/)
   b. Al 2-1-1 San Diego (si le es imposible comunicarse al 2-1-1 de su teléfono celular o está en un área fuera del condado de San Diego por favor llame al (858) 300-1211)
   c. A la sociedad dental de San Diego al 619-275-0244
   d. Comuníquese con la enfermera de la escuela


Recuerde que su niño/a no está sano/a, ni listo/a para ir a la escuela si no tiene una buena salud dental. Aquí tiene unas recomendaciones importantes para la salud de su niño/a:

- Lleve a su niño/a al dentista dos veces por año.
- Escoja alimentos nutritivos para toda la familia. Los alimentos naturales son generalmente los alimentos más saludables.
- Cepíllese los dientes por lo menos dos veces al día usando una pasta dental que tenga fluoruro.
- Reduzca o limite los dulces y bebidas azucaradas, como los refrescos y bebidas artificiales. Las bebidas artificiales y los dulces contienen mucho azúcar y éste a su vez causa caries y sustituye nutrientes importantes en la dieta de su niño/a. Las bebidas artificiales y los dulces contribuyen a tener problemas de sobrepeso y ésto puede acarrear otro tipo de enfermedades como la diabetes. ¡Entre menos dulces y bebidas azucaradas mejor!

Los dientes infantiles son muy importantes. No carecen de importancia sólo por que se van a mudar. Los niños/as necesitan sus dientes para comer, hablar, y sonreír apropiadamente así como para sentirse bien consigo mismos. Los niños/as con caries pueden tener dificultades para comer, pueden dejar de sonreír y además pueden tener dificultad para concentrarse y poner atención, así como para aprender. La caries dental es una infección que no se cura por sí sola y además puede ocasionar dolor si se deja sin tratamiento; si las caries se dejan sin tratamiento, los niños/as pueden enfermarse gravemente y necesitar tratamiento de emergencia en un hospital. Los dientes permanentes pueden dañarse para siempre.

Hay muchos factores que influyen en el progreso y éxito escolar de su niños/as, incluyendo la salud. Los niños/as deben estar sanos para aprender. Los niños/as con caries no están sanos. Las caries se pueden prevenir, pero afectan a más niños/as que cualquier otra enfermedad crónica.

Su cooperación con esta nueva ley es muy importante. Si tiene alguna pregunta sobre el nuevo requisito de evaluación de la salud dental, por favor comuníquese (escriba el nombre del personal de la oficina o persona responsable del programa, número de teléfono y/o correo electrónico)

Sinceramente,

Superintendente de Distrito
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 their 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 starts 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)

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child’s birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
<th>Grade:</th>
<th>Child’s Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Male □ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Child’s race/ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ White □ Black/African American □ Hispanic/Latino □ Asian □ Native American □ Multi-racial □ Other___________ □ Native Hawaiian/Pacific Islander □ Unknown</td>
</tr>
</tbody>
</table>

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

Licensed Dental Professional Signature  CA License Number  Date

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.

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.
Formulario de Evaluación de Salud Dental

La Ley de California (Código de Educación Sección 49452.8) establece que tu hijo (a) debe de tener una evaluación dental antes del 31 de mayo de su primer año en la escuela pública. Un profesional con licencia en salud dental debe de realizar dicha evaluación y llenar la sección 2 de este formulario. Si tu hijo (a) ha tenido una evaluación dental en los 12 meses previos al inicio de su año escolar, pide a tu dentista que llene la sección 2 de este formulario. Si no puedes cumplir con la evaluación dental para tu hijo (a), llena la sección 3.

Sección 1: Información del niño (a) (Debe ser llenado por uno de los padres o tutores)

<table>
<thead>
<tr>
<th>Primer nombre del niño (a):</th>
<th>Apellido:</th>
<th>Inicial del segundo nombre:</th>
<th>Fecha de nacimiento del niño (a):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domicilio:</td>
<td>Departamento.:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciudad:</td>
<td>Código Postal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nombre de la escuela:</td>
<td>Maestro (a):</td>
<td>Grado:</td>
<td>Sexo: □ Masculino □ Femenino</td>
</tr>
<tr>
<td>Nombre del padre o tutor:</td>
<td>Raza u origen étnico del niño (a):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Blanco □ Negro/Afro-americano □ Hispano/Latino □ Asiático</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Americano Nativo □ Multi-racial □ Otro ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Nativo de Hawai o Islas del Pacífico □ Desconocido</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sección 2: Recolección de información de salud dental (Debe ser llenado por un profesional de salud dental con licencia de California)

NOTA IMPORTANTE: Considere cada pregunta de forma separada. Marca tu respuesta en el espacio correspondiente.

<table>
<thead>
<tr>
<th>Fecha de la evaluación:</th>
<th>Experiencia con Caries (Daño visible / amalgamas presentes)</th>
<th>Daño visible presente:</th>
<th>Urgencia del tratamiento:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Sí □ No</td>
<td>□ Sí □ No</td>
<td>□ No se encontraron problemas obvios</td>
</tr>
</tbody>
</table>

Firma del profesional dental con licencia ____________________________  Número de licencia de California ____________________________ Fecha ____________

Sección 3: Excusa para el requerimiento de evaluación dental

Debe ser llenada por un padre o tutor que soliciten excusa de este requerimiento

Por favor excuse a mi hijo (a) de la evaluación dental debido a: (Marca el espacio que mejor describe la razón)

□ No pude encontrar un consultorio dental que acepte el plan de seguro de mi hijo (a).
El plan de seguro dental de mi hijo es:
□ Medi-Cal/Denti-Cal □ Healthy Families □ Healthy Kids □ Otro ____________ □ Ninguno
□ No me alcanza para pagar por la evaluación dental de mi hijo (a).
□ No quiero que mi hijo (a) reciba una evaluación dental.
Opcional: otras razones por las cuales mi hijo (a) no puede recibir una evaluación dental: ______________________________________

Si pides una excusa de este requerimiento: ▶ _______________________________________________________________________
Firma del padre o tutor ____________________________ Fecha ____________

La ley establece que las escuelas deben de mantener en privado la información de salud de los estudiantes. El nombre de tu hijo (a) no será parte de ningún reporte como resultado de esta ley. Esta información sólo puede ser usada para propósitos relacionados con la salud de tu hijo (a). Si tienes preguntas por favor llama a tu escuela.

Regresa esta forma a la escuela antes del 31 de mayo del primer año escolar de tu hijo (a).
El original debe de ser incluido en el archivo escolar de tu hijo (a).
## Dental Care Resources in San Diego County

<table>
<thead>
<tr>
<th>Dental Care Resources</th>
<th>Hours</th>
<th>Call for Appointment</th>
<th>Eligibility</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson Center for Dental Care Children’s Hospital &amp; Health Center</td>
<td>Mon.-Fri: 8:00 am - 4:30pm</td>
<td>1-800-788-9029</td>
<td>Under 18; has early childhood cavities (BBTD); or a severely disabling medical condition and requires dental care. Income less than $40,000; no other funding available to cover full cost of treatment.</td>
<td>Limited funding available.</td>
</tr>
<tr>
<td>California Kids</td>
<td>Mon.-Fri: 8:00 am - 4:30pm</td>
<td>1-800-374-4543</td>
<td>Children 2-18 who meet qualifying standards for California Kids medical coverage. Undoc./Foster Care</td>
<td>Option to choose between HMO or PPO</td>
</tr>
<tr>
<td>Children’s Dental Health Association of San Diego</td>
<td>Mon-Th: 8:30am-12 noon; 1pm-4:30pm</td>
<td>(619) 234-8131</td>
<td>0-20 years of age, for low-income families and unable to afford private care</td>
<td>Free of charge for children who have had a CHDP exam.</td>
</tr>
<tr>
<td>County Medical Services</td>
<td>Information Line: 8am-5pm</td>
<td>(858) 492-4444</td>
<td>San Diego County legal residents, Ages 21-64.</td>
<td>Free of charge – emergency services only.</td>
</tr>
<tr>
<td>Comprehensive Health Center</td>
<td>Mon-Fri: 8:00am-5:00pm</td>
<td>(619) 398-1534</td>
<td>All San Diego residents. 1yr and up, pregnant women, low income families.</td>
<td>Sliding scale available with proof of income, family size, and address. Medi-Cal / Denti-Cal, CHDP, Healthy Families and other insurance.</td>
</tr>
<tr>
<td>Denti-Cal</td>
<td>Mon-Fri: 8am – 5pm</td>
<td>1-800-322-6384</td>
<td>Referral to Denti-Cal providers throughout the State; need to have ZIP code where patient lives.</td>
<td>For dentists accepting Denti-Cal.</td>
</tr>
</tbody>
</table>

---

**Eligibility:**
- Under 18; has early childhood cavities (BBTD); or a severely disabling medical condition and requires dental care.
- Income less than $40,000; no other funding available to cover full cost of treatment.
- Children 2-18 who meet qualifying standards for California Kids medical coverage.
- Undoc./Foster Care
- CHDP eligible children: Medi-Cal: 0-21 years; Low-income: 0-19 years
- Determined by income (Free referral)
- Low-income children, ages 5-19, with no other dental resources who are referred by a school nurse.
- 0-20 years of age, for low-income families and unable to afford private care
- San Diego County legal residents, Ages 21-64.
- All San Diego residents. 1yr and up, pregnant women, low income families.

**Fees:**
- Limited funding available.
- Option to choose between HMO or PPO
- Free of charge for children who have had a CHDP exam.
- Based on individual plans.
- Free of charge – emergency services only. Sliding scale and referral to Denti-Cal dentists also.
- $20.00 fee for initial check-up, including X-ray. Denti-Cal, CHDP, and Healthy Families. No private insurance.
- Free of charge – emergency services only.
- Sliding scale for cash payments; credit cards accepted.
<table>
<thead>
<tr>
<th>Dental Care Resources</th>
<th>Hours</th>
<th>Call for Appointment</th>
<th>Eligibility</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY HEALTH CENTERS OF S.D. Grossmont/Spring Valley Fam. Hlth Ctrs. 8788 Jamacha Rd. Spring Valley, CA 91977</td>
<td>M-F: 8:15 am-5:00pm</td>
<td>(619) 515-2330</td>
<td>2 years and up, adults CMS</td>
<td>Sliding fees scale. (Proof of income and address is necessary.) Denti-Cal, Medi-Cal, Healthy Families, CHDP and other insurance accepted.</td>
</tr>
<tr>
<td>Hillcrest Family Health Center of S.D. 3544 30th St. San Diego, CA 92103</td>
<td>Mon-Fri: 8am-5pm</td>
<td>(619) 515-2434</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logan Heights Family Health Centers of San Diego 1809 National Ave. San Diego, CA 92113</td>
<td>Mon-Fri: 8am-5pm Sat: 8:30am-4:30pm</td>
<td>(619) 515-2394</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fallbrook Family Health Center 593 E. Elder Street, Suite B Fallbrook, CA 92028</td>
<td>Mon-T-Th-Fri: 8:00 am-5:00pm Wed: 9am-6pm</td>
<td>(760) 451-2912</td>
<td>All San Diego County residents. All ages.</td>
<td>Based on ability to pay. CHDP referrals, Medi-Cal, Healthy Families, Head Start, CMS, limited no charge emergency services (EAPC.)</td>
</tr>
<tr>
<td>Indian Health Council (Rincon Dental Clinic) 50100 Golsh Rd Valley Center, 92082</td>
<td>Mon-T-Th-Fri: 8am-4:30pm Wed: 8am-7pm</td>
<td>(760) 749-1521</td>
<td>Any native American</td>
<td>Fees according to tribe and location.</td>
</tr>
<tr>
<td>La Maestra Community Health Centers: FAIRMOUNT 4171 Fairmount Ave. San Diego, CA 92105</td>
<td>Mon-Fri: 9am-6pm</td>
<td>(619) 285-8135</td>
<td>All San Diego County residents. All ages.</td>
<td>Sliding fees scale. Medi-Cal, Denti-Cal, CHDP, Healthy Families, Delta Dental and other insurance.</td>
</tr>
<tr>
<td>La Maestra Community Health Centers 4305 University Ave., Suite 150 San Diego, CA 92105</td>
<td>Mon-Th: 9am-6pm Fri: 8am-5pm Mon - Fri: 9am-6pm</td>
<td>(619) 501-1235 (619) 328-1335</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EL CAJON 183 South First El Cajon, CA 92019</td>
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<td></td>
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</tr>
<tr>
<td>Neighborhood Healthcare LAKESIDE 10039B Vine Street Lakeside, CA 92040</td>
<td>Monday and Friday 8-5 Tuesday 10-7 Closed for lunch between 12-1)</td>
<td>(619) 390-9135</td>
<td>1-18 years of age; adult CMS</td>
<td>Sliding scale. Medi-Cal accepted for children. Denti-Cal, Delta Dental, cash payments.</td>
</tr>
<tr>
<td>ESCONDIDO 425 N. Date St., Suite 129 Escondido, CA 92025</td>
<td>By appointment only.</td>
<td>(760) 737-2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrant Education Program San Diego County Office of Education 6401 Linda Vista Rd. San Diego, CA 92111-7399</td>
<td>Mon-Fri: 8am-5pm</td>
<td>(858) 569-5314</td>
<td>Enrolled migrant education children ages 3 through 21</td>
<td>Based on ability to pay. When no other resource exists and problem interferes or has the potential to interfere with school performance, emergency care is paid for as funds allow. Healthy Families.</td>
</tr>
<tr>
<td>Navy Emergency Care 2310 Craven St. San Diego, CA 92136</td>
<td>Mon-Th: 6:45am-4:00pm Fri: 6:45-12:00</td>
<td>(619) 556-8240</td>
<td>Active duty only.</td>
<td>No fees for active duty – Navy only.</td>
</tr>
<tr>
<td>North County Health Services Ramona Clinic 217 E. Earlam Ramona, CA 92065</td>
<td>By appointment or walk in M-F: 8-5 Sat 9-2</td>
<td>(760) 789-1223</td>
<td>All San Diego County residents 3 years of age and up.</td>
<td>• Denti-cal • Healthy Families • CHDP • Sliding Fee scale based on ability to pay • Payment arrangements for emergency services</td>
</tr>
<tr>
<td>San Marcos Community Health Center 150 Valpreda Road San Marcos, CA 92069</td>
<td>By appointment or walk in M-F: 8-5</td>
<td>(760) 736-6794</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Dental Care Resources in San Diego County

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>North County Health Services Oceanside Dental Clinic 2201 Mission Ave., #103 Oceanside, CA 92054</td>
<td>By appointment or walk in M: 9-6 Tues-Fri: 8-5 Sat 8-2</td>
<td>(760) 400-0277</td>
<td>All San Diego County residents 3 years of age and up.</td>
<td>• Denti-cal • Healthy Families • CHDP • Sliding Fee scale based on ability to pay • Payment arrangements for emergency services</td>
</tr>
<tr>
<td>Operation Samahan Health Clinic – Mira Mesa 10737 Camino Ruiz, Suite 235 San Diego, CA 92126</td>
<td>By appointment: W-Th: 8:30pm – 5:00pm</td>
<td>(858) 578-4220</td>
<td>All San Diego County residents all ages.</td>
<td>Accepts Medi-Cal, CHD. Adjusted fee scale available.</td>
</tr>
<tr>
<td>San Diego American Indian Health Center 2630 First Ave. San Diego, CA 92103</td>
<td>Mon.- Fri: 8am-5pm</td>
<td>(619) 234-2158</td>
<td>All San Diego residents one year and up. Healthy Families, Mental/Dental Help.</td>
<td>Accepts Insurance, Medi-Cal, Medicare, Healthy Families, PPO’s, BCEDP.</td>
</tr>
<tr>
<td>San Diego County Dental Society Referral Service</td>
<td>Mon-Fri: 8:30am – noon – 1pm – 4:30pm</td>
<td>(619) 275-0244</td>
<td>Referrals to member dentists.</td>
<td>No charge to person calling for referral; Charge at source of care.</td>
</tr>
<tr>
<td>San Ysidro Health Care Center 4004 Beyer Blvd. San Ysidro, CA 92173</td>
<td>Mon-Fri: 8am-5pm Sat: 8:00am – 2:00pm</td>
<td>(619) 662-4180</td>
<td>3 years and up and adults Babies also accepted.</td>
<td>Sliding scale for those who qualify. Medi-Cal accepted. Healthy Families. Delta dental and access.</td>
</tr>
<tr>
<td>South Bay Family Dental Clinic 2 North Euclid, Suite A,B, C National City, CA 91950</td>
<td>Mon-Fri: 7:30am-6:00pm</td>
<td>(619) 205-6363</td>
<td>All San Diego County residents 3 years and up and adults Babies also accepted.</td>
<td>Sliding scale for those who qualify. Medi-Cal accepted. Healthy Families. Delta dental and access.</td>
</tr>
<tr>
<td>Southern Indian Health Council 4058 Willows Road Alpine, CA 91901</td>
<td>M-F: 8:30-4:30</td>
<td>(619) 445-1188 (ask for Dental Clinic)</td>
<td>Adults and Children’s Medical, Dental and Pharmacy Services.</td>
<td>Accepts most private insurance, Medi-Cal, Medicare, and CHDP</td>
</tr>
<tr>
<td>Southern Indian Health Council 36350 Church Rd. Campo, CA 91906</td>
<td>Mon-Fri: 8am-4:30pm</td>
<td>(619) 478-2225 X 700</td>
<td>All San Diego County residents – all ages who qualify as an educational experience for the student.</td>
<td>Free of charge. Preventive care only.</td>
</tr>
<tr>
<td>Southwestern College Dental Hygiene Program 880 National City Blvd. National City, CA 91950</td>
<td>Hours vary</td>
<td>(619) 216-6665 x 4875 Or (619)216-6663</td>
<td>All San Diego County residents – all ages who qualify as an educational experience for the student.</td>
<td>Free of charge. Preventive care only.</td>
</tr>
<tr>
<td>St. Vincent de Paul Village Dental Clinic 1501 Imperial Ave. San Diego, CA 92101</td>
<td>Varies depending on volunteer dentists</td>
<td>(619) 233-8500 X 1418</td>
<td>For residents of St. Vincent de Paul Village only.</td>
<td>No fee.</td>
</tr>
<tr>
<td>Sycuan Indian Health/Dental Center 5442 Sycuan Road El Cajon, CA 92019</td>
<td>Monday – Friday 8 am – 4 pm Closed 12-1</td>
<td>(619) 445-0707 x 3</td>
<td>Free services for any U.S.-born Native American. Must have Indian verification card and enrollment. Medi-Cal. Open to public.</td>
<td>Most health insurance accepted. No sliding fee scale. PPO &amp; DPO</td>
</tr>
<tr>
<td>Vista Community Clinic 1000 Vale Terrace, Suite #202 Vista, CA 92084</td>
<td>Monday –Thursday: 9 am – 7 pm F: 8 am -5:00 pm</td>
<td>(760) 631-5000 x 1289</td>
<td>Must be a registered active patient of Vista Community Clinic</td>
<td>Sliding fee, Medi-Cal, Healthy Families accepted.</td>
</tr>
</tbody>
</table>

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**Dental Care Resources in San Diego County**

San Diego County, Health and Human Services Agency (HHSA) P.O. Box 85222 (MS:P511H), San Diego, CA 92186-5222 (7/07)

**THIS LIST TO BE USED BY STAFF AS A REFERENCE, NOT COPIED FOR FAMILIES.**
For more information about **Dental and Medical Insurance**, please call **1-800-675-2229**

Call the San Diego County Dental Society for referrals to private dental offices, 619-275-0244 or call 2-1-1 for more information on community dental clinics throughout San Diego County. **Llame a la Sociedad Dental del Condado de San Diego para referencias a oficinas privadas dentales, 619-275-0244 o marque 2-1-1 para mayor información sobre las clínicas dentales de la comunidad a través del Condado de San Diego.**

---

**Children’s Dental Health Association of San Diego**

1270 24th Street  
San Diego, CA 92102  
**Telephone/Teléfono:** 619-234-8131

**Services/Servicios dentales:**  
Children’s dentistry (up to age 20)/**Para niños**

**Insurance/Seguro:**  
Denti-Cal, CHDP, Healthy Families. No private insurance accepted.  
$30 fee for initial check-up, including X-ray./**Se acepta Denti-Cal, CHDP, y Healthy Families. No se acepta ningún seguro privado.  
$30 honorario para el examen inicial, incluye radiografía.**

**Languages Spoken/Idiomas:**  
English and Spanish/**Se habla inglés y español.**

---

**Comprehensive Health Center**

3177 Oceanview Blvd  
San Diego, CA 92113  
**Telephone/Teléfono:** 619-398-1534

**Services/Servicios dentales:**  
Adult and children’s dentistry/**Para adultos y niños**

**Insurance/Seguro:**  
Denti-Cal, CHDP, Healthy Families, and other insurance accepted.  
Adjusted fee scale also available./**Se acepta Denti-Cal, CHDP, Healthy Families, y otros seguros. Se ofrecen cuotas ajustables.**

**Languages Spoken/Idiomas:**  
English and Spanish/**Se habla inglés y español.**

---

**Hillcrest Dental Clinic**

3544 30th Street  
San Diego, CA 92104  
**Telephone/Teléfono:** 619-515-2434

**Services/Servicios dentales:**  
Adult and children’s dentistry/**Para adultos y niños**

**Insurance/Seguro:**  
Denti-Cal, CHDP, Healthy Families, and other insurance accepted.  
Adjusted fee scale also available./**Se acepta Denti-Cal, CHDP, Healthy Families, y otros seguros. Se ofrecen cuotas ajustables.**

**Languages Spoken/Idiomas:**  
English and Spanish/**Se habla inglés y español.**
Logan Heights Family Health Center
1809 National Ave.
San Diego, CA 92113
Telephone/Teléfono: 619-515-2394

La Maestra Community Health Centers: University
4305 University Ave
Suites 120 & 150
San Diego, CA 92105
Telephone/Teléfono: 619-285-8135 (Suite 120)
619-501-1235 (Suite 150)

San Diego American Indian Health Center
2630 First Ave.
San Diego, CA 92103
Telephone/Teléfono: 619-234-2158

Services/Servicios dentales:
Adult and children’s dentistry/Para adultos y niños
Insurance/Seguro:
Denti-Cal, CHDP, Healthy Families, and other insurance accepted.
Adjusted fee scale also available./Se acepta Denti-Cal, CHDP,
Healthy Families, y otros seguros. Se ofrecen cuotas ajustables.
Languages Spoken/Idiomas:
English and Spanish/Se habla inglés y español.

La Maestra Community Health Centers: University
4305 University Ave
Suites 120 & 150
San Diego, CA 92105
Telephone/Teléfono: 619-285-8135 (Suite 120)
619-501-1235 (Suite 150)

Services/Servicios dentales:
Adult and children’s dentistry/Para adultos y niños
Insurance/Seguro:
Denti-Cal, CHDP, Healthy Families, Delta Dental and other
insurance accepted. Adjusted fee scale also available.
Se acepta Denti-Cal, CHDP, Healthy Familias, Delta Dental,
y otros seguros. Se ofrecen cuotas ajustables.
Languages Spoken/Idiomas:
English, Spanish, Tagalog, Bengali, Farsi, Hindi, and Urdu/
Se habla inglés, español, tágalog, bengali, farsi, hindi, y urdu

San Diego American Indian Health Center
2630 First Ave.
San Diego, CA 92103
Telephone/Teléfono: 619-234-2158

Services/Servicios dentales:
Adult and children’s dentistry/Para adultos y niños
Insurance/Seguro:
Denti-Cal, Medicare, CHDP, Healthy Families, PPOs, BCEDP and
other insurance accepted./Se acepta Denti-Cal, Medicare, CHDP,
Healthy Families, PPOs, BCEDP, y otros seguros.
Languages Spoken/Idiomas:
English and Spanish/Se habla inglés y español.
For more information about **Dental and Medical Insurance**, please call **1-800-675-2229**

Para mayor información acerca de **Seguros Dentales y Médicos**, favor de marcar al **1-800-675-2229**

Call the San Diego County Dental Society for referrals to private dental offices, 619-275-0244 or call 2-1-1 for more information on community dental clinics throughout San Diego County. Llame a la Sociedad Dental del Condado de San Diego para referencias a oficinas privadas dentales, 619-275-0244 o marque 2-1-1 para mayor información sobre las clínicas dentales de la comunidad a través del Condado de San Diego.

### Fallbrook Family Health Center

593 E. Elder, Ste. B
Fallbrook, CA 92028
**Telephone/Teléfono:** 760-451-2912

**Services/Servicios dentales:**
Adult and children’s dentistry/Para adultos y niños

**Insurance/Seguro:**
Medi-Cal, CHDP, Healthy Families, and other insurance accepted. Adjusted fee scale also available/Se acepta Medi-Cal, CHDP, Healthy Families, y otros seguros. Se ofrecen cuotas ajustables.

**Languages Spoken/Idiomas:**
English and Spanish/Se habla inglés y español.

### Neighborhood Healthcare – Escondido

425 N. Date Street
Escondido, CA 92025
**Telephone/Teléfono:** 760-520-8330

**Services/Servicios dentales:**
Children’s dentistry/Para niños

**Insurance/Seguro:**
Medi-Cal, CHDP, Healthy Families, and other insurance accepted. Adjusted fee scale also available/Se acepta Medi-Cal, CHDP, Healthy Families, y otros seguros. Se ofrecen cuotas ajustables.

**Languages Spoken/Idiomas:**
English and Spanish/Se habla inglés y español.

### North County Health Services – Mission Mesa

2201 Mission Avenue. Suite 103
Oceanside, CA 92054
**Telephone/Teléfono:** 760-400-0277

**Services/Servicios dentales:**
Adult and children’s dentistry/Para adultos y niños

**Insurance/Seguro:**
Medi-Cal, CHDP, Healthy Families, and other insurance accepted. Adjusted fee scale also available/Se acepta Medi-Cal, CHDP, Healthy Families, y otros seguros. Se ofrecen cuotas ajustables.

**Languages Spoken/Idiomas:**
English and Spanish/Se habla inglés y español.
North County Health Services – Ramona
217 Earlham St, Ramona, CA 92065
Telephone/Teléfono: 760-789-1223

North County Health Services – San Marcos
150 Valpreda Road San Marcos, CA 92069
Telephone/Teléfono: 760-736-6794

Operation Samahan Health Clinic – Mira Mesa
10737 Camino Ruiz, Suite 235 San Diego, CA 92126
Telephone/Teléfono: 858-578-4220

Vista Community Clinic
1000 Vale Terrace Vista, CA 92084
Telephone/Teléfono: 760-631-5000

Services/Servicios dentales:
Adult and children’s dentistry/Para adultos y niños

Insurance/Seguro:
Medi-Cal, CHDP, Healthy Families, and other insurance accepted.
Adjusted fee scale also available/Se acepta Medi-Cal, CHDP, Healthy Families, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken/Idiomas:
English and Spanish/Se habla inglés y español.

*Mobile Dental Clinic/Salud Ambulante: 760-736-6742
<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Address</th>
<th>Phone</th>
<th>Services</th>
<th>Insurance</th>
<th>Languages</th>
<th>Telephone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Health Center</td>
<td>3177 Oceanview Blvd, San Diego, CA 92113</td>
<td>619-398-1534</td>
<td>Adult and children’s dentistry/Para adultos y niños</td>
<td>Denti-Cal, CHDP, Healthy Families, and other insurance accepted. Adjusted fee scale also available.</td>
<td>English and Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Ysidro Health Care Center</td>
<td>4004 Beyer Blvd, San Ysidro, CA 92173</td>
<td>619-662-4180</td>
<td>Adult and children’s dentistry/Para adultos y niños</td>
<td>Denti-Cal, Healthy Families, Delta Dental, and Access. Adjusted fee scale also available.</td>
<td>English and Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Bay Family Dental Clinic</td>
<td>2 North Euclid, Suite A, B, C, National City, CA 91950</td>
<td>619-205-6363</td>
<td>Adult and children’s dentistry/Para adultos y niños</td>
<td>Denti-Cal, Healthy Families, Delta Dental, and Access. Adjusted fee scale also available.</td>
<td>English and Spanish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A Road Map to Community Dental Clinics in East County

For more information about Dental and Medical Insurance, please call 1-800-675-2229

Call the San Diego County Dental Society for referrals to private dental offices, 619-275-0244 or call 2-1-1 for more information on community dental clinics throughout San Diego County.

Grossmont Spring Valley Family Health Center
8788 Jamacha Road, Spring Valley, CA 91977
Telephone: 619-515-2330
Services: Adult and children’s dentistry
Insurance: Medi-Cal, CHDP, Healthy Families, and other insurance accepted.
Adjusted fee scale also available.
Languages Spoken: English and Spanish

La Maestra Community Health Center
183 South First Street, El Cajon, CA 92019
Telephone: 619-328-1335
Services: Adult and children’s dentistry
Insurance: Adjusted fee scale. Denti-Cal, CHDP, Healthy Families, and other insurance.
Languages Spoken: English, Spanish, Arabic, Chinese, and Tagalog.

Neighborhood Healthcare ~ Lakeside
10039 Vine Street, Lakeside, CA 92040
Telephone: 619-390-9135
Services: Adult and children’s dentistry
Insurance: Denti-Cal, Healthy Families, and other insurance.
Adjusted fee scale also available.
Languages Spoken: English and Spanish

Southern Indian Health Council, Inc.
Services: Adult and children’s medical, dental, and pharmacy services
Insurance: Accepts most private insurance, Medicare, Medi-Cal, and CHDP. Cash patient gets 20% discount.
Languages Spoken: English and Spanish

4058 Willows Road
Alpine, CA 91901-1620
Telephone: 619-445-1188

36350 Church Road
Campo, CA 91906-2700
Telephone: 619 445 1188 x 700

Provided by the East County Dental Task Force • October 2006
Para mayor información acerca de **Seguros Dentales y Médicos**, favor de marcar al 1-800-675-2229

Llame a la Sociedad Dental del Condado de San Diego para referencias a oficinas privadas dentales, 619-275-0244 o marque 2-1-1 para mayor información sobre las clínicas dentales de la comunidad a través del Condado de San Diego.

---

**Grossmont Spring Valley Family Health Center**
8788 Jamacha Road, Spring Valley, CA 91977
Teléfono: 619-515-2330

**Servicios dentales:**
Para adultos y niños.

**Seguro:**
Se acepta Medi-Cal, CHDP, Healthy Families, y otros seguros.
Se ofrecen cuotas ajustables.

**Idiomas:**
Se habla inglés y español.

---

**Neighborhood Healthcare ~ Lakeside**
10039 Vine Street, Lakeside, CA 92040
Teléfono: 619-390-9135

**Servicios dentales:**
Para adultos y niños.

**Seguro:**
Se acepta Denti-Cal, Healthy Families, y otros seguros.
Se ofrecen cuotas ajustables.

**Idiomas:**
Se habla inglés y español.

---

**La Maestra Community Health Center**
183 South First Street, El Cajon, CA 92019
Teléfono: 619-328-1335

**Servicios dentales:**
Para adultos y niños.

**Seguro:**
Se ofrecen cuotas ajustables.
Se acepta Denti-Cal, CHDP, Healthy Families, y otros seguros.

**Idiomas:**
Se habla inglés, español, árabe, chino, y tágalog.

---

**Southern Indian Health Council, Inc.**
Servicios médicos, dentales y de farmacia: Para adultos y niños.

**Seguro:**
Se acepta la mayoría de seguros privados, Medicare, Medi-Cal, y CHDP. Clientes pagando en efectivo reciben un 20% de descuento.

**Idiomas:**
Se habla inglés y español.

---

Provisto por el Equipo de Trabajo Dental del Condado Este • Octubre 2006
# Data Collection Form
## Kindergarten

**ENTER THE NUMBER ONE (1) IN ALL DATA FIELDS THAT APPLY**

<table>
<thead>
<tr>
<th></th>
<th>Question 5</th>
<th>Question 6</th>
<th>Question 7</th>
<th>Question 8</th>
<th>Question 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student's Name</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Caries Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Visible decay and/or fillings present)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visible Decay Present (untreated decay)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Urgency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No obvious problem found</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Dental Care Recommended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Needed</td>
<td></td>
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</tr>
<tr>
<td>Unable to find a dental office...</td>
<td></td>
<td></td>
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<tr>
<td>Can Not Afford</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Do Not Want</td>
<td></td>
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</tr>
<tr>
<td>Form Not Returned</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GRAND TOTAL**

|                     | 0          | 0          | 0          | 0          | 0          |

**ENTER THE NUMBER ONE (1) IN ALL DATA FIELDS THAT APPLY**
# Data Collection Form
**First Grade**

**ENTER THE NUMBER ONE (1) IN ALL DATA FIELDS THAT APPLY**

<table>
<thead>
<tr>
<th>Completed</th>
<th>Student's Name</th>
<th>Question 5</th>
<th>Question 6</th>
<th>Question 7</th>
<th>Question 8</th>
<th>Question 9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caries Experience (Visible decay and/or fillings present)</td>
<td>Visible Decay Present (untreated decay)</td>
<td>Treatment Urgency</td>
<td>Waivers</td>
<td>Form Not Returned</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No obvious problem found</td>
<td>Early Dental Care Recommended</td>
</tr>
</tbody>
</table>

**GRAND TOTAL**

<table>
<thead>
<tr>
<th>ENTER THE NUMBER ONE (1) IN ALL DATA FIELDS THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
Due to your district office by JUNE of the current school year: Print this page or Oral Health Assessment Waiver / Form (see Appendix F2) to submit compiled data to your district office.

## Oral Health Assessment/Waiver Form

<table>
<thead>
<tr>
<th>TALLY COUNT</th>
<th>GRAND TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q.1</strong> Kindergarten Enrollment</td>
<td></td>
</tr>
<tr>
<td><strong>Q.2</strong> First Graders Not previously In A Public</td>
<td></td>
</tr>
<tr>
<td><strong>Q.3</strong> TOTAL ELIGIBLE FOR ASSESSMENT (Q1 + Q2)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Q.4</strong> Eligible Student Assessments Completed</td>
<td>0</td>
</tr>
<tr>
<td><strong>Q.5</strong> Caries Experience (Visible decay and/or filling) (reports if the child has had a dental experience)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Q.6</strong> Visible decay present (untreated decay)</td>
<td>YES: 0</td>
</tr>
<tr>
<td><strong>Q.7</strong> Treatment Urgency</td>
<td></td>
</tr>
<tr>
<td>No obvious problem found</td>
<td>0</td>
</tr>
<tr>
<td>Early dental care recommended</td>
<td>0</td>
</tr>
<tr>
<td>Urgent care needed</td>
<td>0</td>
</tr>
<tr>
<td><strong>Q.8</strong> Waivers</td>
<td></td>
</tr>
<tr>
<td>a) Unable to find a dental office that will take student's insurance plan</td>
<td>0</td>
</tr>
<tr>
<td>b) Can not afford assessment</td>
<td>0</td>
</tr>
<tr>
<td>c) Does not want assessment</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL AMOUNT OF WAIVERS</strong> (Q8a + Q8b + Q8C)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Q.9</strong> TOTAL AMOUNT OF FORMS NOT RETURNED</td>
<td>0</td>
</tr>
</tbody>
</table>
ORAL HEALTH ASSESSMENT/WAIVER FORM

DISTRICT ____________________________  SCHOOL NAME ____________________________

ADDRESS ________________________________________________________________

TALLY COUNT

1. Kindergarten Enrollment __________
2. First Graders Not Previously In A Public School __________
3. Total eligible for assessment (1 + 2) __________
4. Eligible Student Assessments Completed __________
5. Visible Caries and/or Filling (reports if the child has had a dental experience) __________
6. Visible caries present (untreated decay): Yes: __________
7. Treatment Urgency: No obvious problem found: __________
   Early dental care recommended: __________
   Urgent care needed: __________
8. Waivers
   a. Unable to find a dental office that will take student's insurance plan __________
   b. Could not afford assessment __________
   c. Do not want assessment __________
   Total Waivers __________
9. Number of Forms not returned
   (Total Eligible (Line 3) - Assessments Completed (Line 4) = Total) __________

Due to your district office by JUNE of the current school year

Send or fax to __________________________________________________________

Name_________________________________________School________________________________
   (Name of person completing report)

Phone_________________________Ext_____

Direct Questions to: __________________________________________________________

Visible Caries/ Filling: reports if the child has had a dental experience
Visible Caries Present: reports if the child has untreated dental caries (cavities)
Treatment Urgency: reports what treatment is needed: If visible caries & urgent care are counted together it’s going to show that more children had cavities.
# Sample Oral Health Assessment Report to the County

<table>
<thead>
<tr>
<th>Completed</th>
<th>DISTRICT/SCHOOL NAME</th>
<th>TOTAL KINDERGARTEN ENROLLMENT</th>
<th>TOTAL ELIGIBLE STUDENTS</th>
<th>STUDENT ASSESSMENT COMPLETED</th>
<th>VISIBLE CARIES/FILLINGS PRESENT</th>
<th>VISIBLE CARIES/UNTREATED DECAY</th>
<th># OF URGENT CARE NEEDED</th>
<th>COULD NOT FIND DENTIST</th>
<th>COULD NOT AFFORD ASSESSMENT</th>
<th>DO NOT WANT ASSESSMENT</th>
<th>TOTAL WAIVERS</th>
<th>FORMS NOT RETURNED</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

GRAND TOTAL

#REF! #REF! #REF! #REF! #REF! #REF! #REF! #REF! #REF! #REF! #REF! #REF! #REF! #REF!
Oral health is a part of total health!
Children with healthy teeth and healthy bodies
Do better in school and miss fewer school days!

Call 2-1-1 to find Community Dental Clinics in your area
OR
Call the San Diego Country Dental Society
for referrals to private dentists, (619) 275-0244

For more information about dental and medical insurance,
call San Diego Kids Health Assurance Network (SD-KHAN)
1-800-675-2229

Brought to you by the San Diego County Dental Health Coalition
¡La salud oral es parte de la salud total!
¡A los niños con dientes y cuerpos saludables les va mejor en la escuela y faltan menos!

Llame al 2-1-1 y localice la Clínica Dental Comunitaria en su área

Llame a la Sociedad Dental del Condado de San Diego
Para referencia a un dentista privado, (619) 275-0244

Para información acerca de seguro médico y dental,
llame a San Diego Kids Health Assurance Network (SD-KHAN)
1-800-675-2229

Patrocinado por la Coalición Dental de Salud del Condado de San Diego
California has school entry requirements for
Immunizations
Medical Exams
And Now Dental Evaluations!

State law says that all children entering school must have a dental evaluation. Regular dental care is important for your child’s health and success at school.

Call the school with questions about:
The Dental Evaluation
Finding a dental office

The Dental Evaluation is due by May 31st of your child’s first school year.

Please read for an important message from your child’s school
Felicidades...
Su Niño Empieza a ir a la Escuela!

Para ingresar a la escuela, California tiene requisitos sobre:
- Vacunas
- Exámenes Médicos

Y Ahora Evaluaciones Dentales!

La ley estatal dice que todos los niños de primer ingreso a la escuela, deberán obtener una evaluación dental. El cuidado dental regular es importante para la salud de su niño y tener éxito en la escuela.

Llame a la escuela si tiene preguntas sobre:
- La Evaluación Dental
- Encontrar una Oficina Dental

Por favor lea este mensaje importante de la escuela de su niño.
Start the New Year off right!

Children with healthy teeth do better in school!

Children with healthy teeth miss fewer school days!!

—Get a dental check-up!

Call 2-1-1 to find a Community Dental Clinic near you or call the San Diego County Dental Society for a referral at 619-275-0244.

Call the San Diego Kids Health Assurance Network (SD-KHAN) at 1-800-675-2229 to find affordable health insurance for your children.

Healthy Smile, Healthy Child!
¡Empiece el Año Nuevo Bien!

¡Los niños con dientes saludables les va mejor en la escuela!

¡Los niños con dientes saludables faltan menos días a la escuela!

— ¡Obtenga un chequeo dental!

Llame al 1 2-1-1 para encontrar una Clínica de la Comunidad cerca de usted o llame a la Sociedad Dental del Condado de San Diego para que lo refieran al 619-275-0244.

Llame a San Diego Kids Health Assurance Network (SD-KHAN) al 1-800-675-2229 para encontrar un seguro médico de bajo costo para sus niños.