

Kindergarten Oral Health Assessment (KOHA)

KOHA Tips for Your Practice

ACCESSING KOHA FORMS

• It's best practice to **keep copies of the KOHA form** at your dental office for children entering transitional kindergarten, kindergarten or first grade, typically ages 4 to 6.

KOHA INFO HERE



COMPLETE SECTION 2 AND 3

- Child's parent or guardian should complete Section 1.
- As the Dental Provider, fill out Sections 2 and 3.
- Make sure to fully complete Section 2, including: untreated decay, caries experience, and treatment urgency. Select only one option for treatment urgency.
- Only complete Section 3 for children with urgent dental care needs.

<u>CA Education Code Section 49452.8</u> requires that a Kindergarten Oral Health Assessment (KOHA) be completed for all children entering public school for the first time (at kindergarten, including TK, or 1st grade).

Funded by the CDPH under Contract 22-10196 Email us: SMCOralHealth@smcgov.org



Dental Providers Key Reminders for KOHA Form Completion

Reach out to the San Mateo Oral Public Health Program at SMCOralHeath@smcgov.org for guidance on KOHA completion.

| | California Department of Public Health San Mateo County Health- Revised 2024 |
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| Dental Providers: Please complete Section 2 Don't forget to check one of the options for Treatment Urgency! | San Mateo County Health- Revised 2024 Section 2: Oral Health Screening Assessment Filled out by a California licensed dental professional. IMPORTANT NOTE FOR DENTAL PROVIDER: Caries experience is both past treatment [e.g., fillings, crowns] and for untreated decay at the present time (e.g., untreated cavibes). Every child with untreated decay submatically also has caries experience for the purposes of this assessment. Assessment date: |
| | Swelling Soft tissue lesions |
| | *Section 3: Follow up only for children with "Urgent care needed" marked under "Treatment |
| Dental Providers: Fill out Section 3 for children with urgent dental care needs! | Urgency" above. (Dental provider Main Orgent cale needed treatment and signs. School staff other individual responsible for additional follow-up fills out rest of Section 3). Parent/caregiver notified child has urgent dental care needs on (date): Follow-up appointment for child with urgent dental care needs scheduled for (date): Follow-up appointment for child with urgent dental care needs scheduled for (date): Child with urgent dental care needs received needed treatment (Check only one of the options below). 'If 'No' or 'Don' Know," the individual responsible for follow-up is encouraged to contact the parent/caregiver to assist in getting the child to care, and to confirm the child received needed treatment." Yes No* I Don't Know* |
| | Licensed dental professional signature CA License Number 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 form to the school no later than by the end of your child's first school year. Original to be kept in child's school record. |