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School Dental Health Webinar
Office of Oral Health Presentation
Frequently Asked Questions (FAQs)

Q: Regarding the updated law on transitional kindergarten (TK) dental screening, does the law go into effect for the current school year or does implementation begin next school year? Our dentists have already visited our school sites this year and did not screen TK.

A: Assembly Bill (AB) 2630 became effective January 1, 2025. If resources are available to start TK screenings in the current 2024-25 school year, then start now. If resources are not available to begin TK screenings this year, then you can start planning to include TK screenings in the next school year (2025-26).

Q: Is this caries experience with or without treatment?

A: Caries experience includes treated AND untreated tooth decay. It is a measure that indicates that untreated decay, treated decay, or both are present (in the oral cavity). In the KOHA form, there is also a category only for untreated decay.

Q: Will Schools be reimbursed for the Kindergarten Oral Health Assessment (KOHA)?

A: California Education Code (EDC) section 49452.8(k) states “Funds appropriated in the annual Budget Act for the activities required by this section shall first be used to offset reimbursement provided to local educational agencies pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code for state-mandated costs imposed by this section.”

Prior to the LCAP and LCFF funding system, there was a funding category for which KOHA received approximately \$10/per child. KOHA can be part of the LCAP funding process and decision making; however, reimbursement for KOHA screenings would be contingent on funding being available. Currently Medi-Cal Dental does not reimburse for oral health screenings.

Q: Does Senate Bill 379 require oral screening by the school nurse? What is the point of passive consent?

A: The KOHA form must be filled out by a licensed dental professional (dental hygienist or dentist). Passive consent allows for greater participation by students. EDC section 49452.8

was updated with [Senate Bill 379](#) in 2017, allowing schools to use passive consent at oral health screening events at schools. This means every child will receive a screening if offered at their school unless their parent/caregiver signs a [KOHA Opt-Out Letter](#) asking that their child not receive the screening.

Q: Where can I find out more about a dental sealant program for my school district.

A: We recommend connecting with the [local oral health program](#) in your county to learn more about school-based and school-linked programs. Dental sealants are a thin coating applied to the chewing surfaces of the back teeth (molars). Sealants are [evidence-based](#), quick to apply, taking 2-3 minutes depending on the technique, and prevent up to 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years.

Q: Do we report on TK and Kindergarten (K) in the System for California Oral Health Reporting (SCOHR)? Does this mean that next year, TK student data will be counted again as they will be in kindergarten?

A: Yes, TK and K are reported into SCOHR. For reporting purposes, TK students will be counted with the kindergartners and will not be reported as a separate age group in [SCOHR](#). EDC section 49452.8 states that students only need to be screened once between TK and K grades, or first grade if that is their first year of public school.

Q: We utilize Healthier Kids Foundation to screen all 27 of our elementary schools (TK-5). If we report on TK, K, and newly enrolled 1st graders this year, and our current TK students become kindergartners next year, do we include them in the data reporting again for 25-26 if they have another OHA in kindergarten? Or should they only be counted once?

A: They should only be counted once.

Q: Are you educating providers about how to complete the KOHA form? (For example, do they know what the 'caries experience' means?)

A: Yes, CDPH OOH and local oral health programs educate providers on the meaning of caries experience.

Q: Do you have a check-off sheet to help with recording KOHA to SCOHR? I have been reporting for a small school, and it is manageable, but I think it would be difficult to get the information you need with fidelity at a larger school.

A: Yes. CDPH OOH has [data tracking](#) tools and training hosted on the website of our partner, University of California, San Francisco, California Oral Health Technical Assistance Center ([COHTAC](#)). You may also reach out to the [local oral health program](#) in your county for more information.

Q: Do we collect KOHAs for TK and K students? There has been conflicting information given by our health department to only collect for kindergarten.

A: For schools, AB 2630 means that KOHA and school dental programs should now include TK students in their outreach and services. EDC section 49452.8 now includes TK in the definition of "kindergarten." The California Department of Education (CDE) recommends that

TK students be treated the same as kindergartners. EDC section 49452.8 also provides that proof shall be required only once during a two-year kindergarten program.

Q: What about implementing a database for KOHA, like the California Immunization Registry (CAIR)?

A: We partner with the San Joaquin County Department of Education, CodeStack, which administers the SCOHR to collect KOHA data.

Q: Since reporting is done only 1x for either TK or K, what denominator is used? Total TK & K?

A: For reporting purposes, [AB 2630](#) defines “kindergarten” as including both transitional kindergarten and kindergarten; therefore, for the KOHA performance measures, we use CDE’s annual enrollment data including both K and TK, as denominator.

Q: If we have a student that is in TK and turns in a dental form, is the form good for that school year only? Would they require a new one when they register for Kinder? For example, if we have a student that turns in a dental form in April, would it only be good within that year, and would they require a new one next year in April?

A: No, they would not require a new or another KOHA form. The KOHA form is valid for 12 months and is only required once in a two-year Kinder program.

Q: The rules for the timeframe that counts for a K assessment is “one year prior or the year during the K year.” That means that an oral health assessment done as early as about age 3 may be counted. Is this correct?

A: Yes, that’s correct. From the date the student is enrolled, any KOHA that is done 12 months prior to that date of enrollment may be used for the KOHA requirement.

Q: Does this [AB 2630] pertain to Head Start and Early Head Start Programs or only children in public elementary schools?

A: No, it does not pertain to Head Start and Early Head Start. However, if Head Start and Early Head Start conduct KOHA screenings, the child could turn in the KOHA form when they enroll in TK or K, as long as the timeframe is within 12 months after the screening.