

Did You Know?

Being prepared for kindergarten starts with a dental assessment. Children are now required to have one prior to starting school.

A healthy mouth is important.

Dental problems can prevent children from doing well in school. Children are required to have a dental assessment before starting kindergarten so that any problems can be fixed and they start school ready to learn.



Cavities are common. Tooth decay (cavities) is the most common chronic disease in children.



Cavities can cause pain. Pain can make it hard for children to pay attention in school, prevent them from eating well, and keep them awake at night. All of this can all affect their ability to learn.



Dental problems affect attendance and grades. Children with dental problems miss more school than children with good dental health.

Facts About Kindergarten Dental Assessments

- 1 It's easy to get your child screened. Local health departments provide the assessments (screenings) at places like preschools, school enrollment events, community events, and at the health department. Check with your school or the local health department for a schedule.
- The assessment is free. There is no cost to you if the local health department does the assessment. Check with the school to see if it will have a registration event and if dental staff from the health department will be there or call the health department to check when and where they will be doing assessments.
- A dental assessment is simple and fast. A dental professional will look into your child's mouth and note what they see on the assessment form. No treatment is done. It's simply a quick look in the mouth. They will let you know if your child needs to see a dentist.
- Help is available. The local health department can help you find a dentist if you don't have one. Your child may be able to enroll in the Michigan Healthy Kids Dental Program if they don't have insurance. For information about Healthy Kids Dental, visit: www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental

Common Questions

How will my child benefit from having a dental assessment?

Dental problems can cause pain and make it difficult for children pay attention in school, prevent them from eating and sleeping well, and can even affect their ability to speak and socialize. All of this can affect a child's ability to learn and do well in school. Children benefit from having a dental assessment (screening) before starting school to check for any dental problems that need to be fixed so that they start school ready to learn.

How can I get the assessment done?

The school should give you a form, or you can download it from the MDHHS Kindergarten Oral Health Assessment website. You can take this form to your dentist to get the assessment done, or you can have it done by the local health department. There is no cost to you if the assessment is done by the local health department. Check with the school to see if it will have a registration event and if dental staff from the health department will be there or check with the health department for their schedule.

Do my older children need a dental assessment, too?

The dental assessment requirement is only for children entering kindergarten, but it is highly recommended that all children see a dentist at least once a year.

What if I don't have a dentist or I can't afford one?

The local health department can provide you with a list of dental providers in your area. Check the Michigan Oral Health Directory for a list of low- and no-cost dental providers by county: https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/familyhealth/oralhealth. If your child does not have dental insurance, they may be eligible for the Michigan Healthy Kids Dental Program: https://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental



For More Information

MDHHS-KOHA@michigan.gov



MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS) (New 8-23)

SECTION 1 - STUDENT INFORMATION		
Child's Name (Last, First, Middle)		Date of Birth
Address (Number, Street, City, Zip	Code)	Home/Cell Phone Number
Parent/Guardian Name (Last, Firs	t, Middle)	Parent/Guardian Email
School Name		
SECTION 2 — DENTAL EXAM OR ASSESSME (Licensed dental professional mo		
Date of Service		Type of Service ☐ Dental Exam ☐ Dental Assessment
Findings (Check all that apply) ☐ No findings ☐ Treated decay		Recommendations (Check one) Routine care Referral for dental treatment
☐ Untreated decay		☐ Referral for urgent dental care
Provider Type (Check one)	□ Dentist	☐ Dental Therapist ☐ Dental Hygienist
Provider Signature		Agency/Local Health Department
Provider Name (Print)		Phone Number
Additional Comments		
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