



Have You Heard?

Michigan passed a law to ensure kids entering their first year of school have a dental health assessment prior to starting their first year of school.

Dental problems prevent kids from reaching their full learning potential. Ensuring that kids have access to dental care will help children succeed.

- **Poor dental health affects attendance and grades.** Kids with poor dental health are 3 times more likely to miss school because of dental problems.
- **Tooth decay is the most common chronic disease in children.** Almost half of Michigan Head Start children have tooth decay and close to one third have untreated decay.

What does a parent or guardian need to do?

1. Download the MDHHS Dental Health Assessment form using the QR code below or visit miottawa.org/dental.
2. Have the MDHHS Dental Health Assessment form completed by your child's dentist's office or the Ottawa County Department of Public Health between April and the start of school.
3. Return the completed form to your child's school.

The Ottawa County Department of Public Health provides free dental health assessments between April and August in Grand Haven, Hudsonville and Holland. The assessment takes approximately two to three minutes to identify signs of dental problems. The assessment is not intended to take the place of a child's routine dental visit. If your child has a routine dental visit scheduled with their dentist between April and August, the assessment and form can be completed at the same time.

Call to schedule an appointment

English (616) 396-5266

Español (616) 393-5780

MDHHS Dental Health Assessment Form



*mi*Ottawa Department of
Public Health



KINDERGARTEN ORAL HEALTH ASSESSMENT FORM

The Kindergarten Oral Health Assessment law [*Public Health Code Act 368 Section 333.9316*] was passed to ensure that children entering their first year of school are able to receive an oral health assessment (dental screening) prior to starting school. Good oral health is important to help children stay healthy and ready to learn. This **optional assessment** will let you know if your child has any dental problems that require attention by a dentist. The assessment must be conducted by a Registered Dental Hygienist, Dentist, or Dental Therapist.

STUDENT INFORMATION	
Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	
Parent/Guardian Name (Last, First, Middle)	Home/Cell Phone Number

DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (Licensed dental professional must complete this section)	
Child's Name	Has received ☐ Dental Exam ☐ Dental Assessment
Findings (check all that apply) ☐ No urgent needs ☐ Treated decay ☐ Untreated decay	Recommendations (check ONE) ☐ Routine care ☐ Referral for urgent needs/restorative care or specialist
Screening Provider (check one) ☐ Dentist ☐ Dental Therapist ☐ Dental Hygienist	
Provider Signature	Provider Name
Phone Number	Date

Additional Comments: _____
