

SCOHR Quick Input / Data Input Form - Due July 1st in SCOHR at latest

School name:

School year:

Name of person completing form:

Waiver Form - Section 2 (WF)
 KOHA Form - Section 2 (K2)
 KOHA Form - Section 3 (K3)
 On-Site Dental Screenings Opt-Out Letter (O)

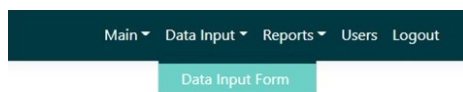
Line 1 must equal the sum of lines 2 through 9.

	1) *The total number of students at the school eligible for the assessment.	
	2) The total number of students presenting proof of an assessment.	
(WF)	3) The total number of students that presented a waiver for unable to find dental office accepting dental insurance plan.	
	4) The total number of students that presented a waiver for the purpose of financial burden.	
	5) The total number of students that presented a waiver for unable to take time off or the dentist does not have convenient office hours.	
	6) The total number of students that presented a waiver for lack of adequate transportation.	
	7) The total number of students that presented a waiver for reasons of non-consent by parents.	
	8) The total number of students that presented a waiver for other reasons not listed.	
	9) The total number of students that did not return either proof of an assessment or a waiver to school.	
(O)	10) The total number of On-Site Dental Screenings Opt Out.	
(K2)	11) The total number of students that were found to have untreated decay.	
	12) The total number of students that were found to have had caries experience.	
	Treatment Urgency.	
	13) The total number of students with no obvious problem found.	
	14) The total number of students with early dental care recommended.	
	15) The total number of students with urgent care needed.	
(K3)	16) The total number of students with urgent dental care needs whose parents were notified.	
	17) The total number of students with urgent dental care needs who have a follow-up appt. scheduled.	
	Did the child with urgent dental care needs receive needed treatment?	
	18) The total number of Yes	
	19) The total number of No	
	20) The total number of I Don't Know	

*Total kindergartners enrolled in public schools and only those first graders enrolling in public school for their first year (they did not attend public school kindergarten the prior year)

How to find the "Quick Input / Data Input Form" in SCOHR database after logging into the homepage at: ab1433.org.

1. Click on the "Data Input" tab on the menu bar, and click "Data Input Form"



2. Select the appropriate school year, which is the same as the "fiscal year," using the "fiscal year" drop down menu

Data Input

You can refine your search below. You c

Fiscal Year:

Keyword:

3. Choose your district and school, and click on the pencil icon under the "actions" column. The "Quick Input Form" above will then open

District	School	Cds Code	Actions
Redwood City Elementary	Adelante Spanish Immersion	41690056114037	

Helpdesk Contact Information

email: scohr@sjcoe.net

SCOHR website: ab1433.org

phone #: (866) 762-9170

KOHA Form

California Department of Public Health
July 2022 – Page 2 of 2

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

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

Assessment Date: MM - DD - YYYY	Untreated Decay (Visible Decay Present) ☐ Yes ☐ No	Caries Experience (Visible decay and/or fillings present) ☐ Yes ☐ No
	11	12
Treatment Urgency: ☐ No obvious problem found 13	☐ Early dental care recommended 14 (caries without pain or infection; or child would benefit from sealants or further evaluation)	☐ Urgent care needed 15 (pain, infection, swelling or soft tissue lesions)
Licensed Dental Professional Signature _____ CA License Number _____ Date MM - DD - YYYY		

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
Check "No" for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	16	MM - DD - YYYY
A follow-up appointment for this child has been scheduled for	17	MM - DD - YYYY
Did child receive needed treatment?	☐ Yes 18 ☐ No (If no, entity responsible for follow-up will be encouraged to check back in with parent) 19 ☐ I don't know 20	

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 31st** of your child's first school year.

Original to be kept in child's school record.

Waiver Form

California Department of Public Health
July 2022 – Page 2 of 2

Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

Please excuse my child from the assessment because (check the box that best describes the reason):

☐ I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: ☐ Medi-Cal ☐ Covered California ☐ Healthy Kids ☐ None ☐ Other: _____	3
☐ I cannot afford an assessment for my child.	4
☐ I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).	5
☐ I cannot get to a dentist easily (e.g., do not have transportation, located too far away).	6
☐ I do not believe my child would benefit from an assessment.	7
☐ Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____ _____	8

If asking to be excused from this requirement:

Signature of parent or guardian _____ Date MM - DD - YYYY

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.

10

On-Site Dental Screening Opt Out Letter

Dear Parent/Guardian,

An on-site free dental screening (also called an oral health assessment) may be provided at your child's school by a licensed or registered dental professional. The purpose of this dental screening is to check your child's teeth for tooth decay. **No dental treatments of any kind are given unless you have provided a separate written informed consent for your child to receive dental treatments (ex: sealants, fluoride).**

Cavities (tooth decay) are the most common disease experienced by children. However, tooth decay is preventable. In California, 54% of kindergarteners and 70% of third graders have experienced tooth decay. Tooth decay causes pain and can lead to malnutrition, poor performance in school, childhood speech problems, and serious infections.

Participating in a school screening has many benefits:

- You do not need to take time off from work. No missed school days or workdays.
- FREE dental assessment by a licensed dental professional.
- Quick look at your child's teeth.
- Referral to dental professional, if needed.
- Complies with the Kindergarten Oral Health Assessment Requirement law (AB 1433 & SB 379) and supports children's school readiness and success under the Kindergarten Readiness Act (SB 1381).

If your child is screened and found to have urgent dental problems, your child will be sent home with a letter. If you receive a letter, it is important that you take your child to a dentist or dental provider for an evaluation.

If you WANT your child to participate in the oral health assessment / dental screening for their grade, no further action is required.

If you **DO NOT** want your child to participate in the on-site dental screenings, please complete the bottom portion of this letter and return it to your child's school. If you have any questions, please feel free to call your child's school.

Sign the Form below if you DO NOT want your child to participate in the on-site dental health screenings.

Student's Name: _____

☐ I **DO NOT** wish to have my child participate in the on-site free dental screening / oral health assessment.

Parent/Guardian Signature _____

Date _____

SCOHR - QUICK INPUT FORM

Oral Health Information

- 1) The total number of students at the school eligible for the assessment.
- 2) The total number of students presenting proof of an assessment.
- 3) The total number of students that presented a waiver for unable to find dental office accepting dental insurance plan.
- 4) The total number of students that presented a waiver for the purpose of financial burden.
- 5) The total number of students that presented a waiver for unable to take time off or the dentist does not have convenient office hours.
- 6) The total number of students that presented a waiver for lack of adequate transportation.
- 7) The total number of students that presented a waiver for reasons of non-consent by parents.
- 8) The total number of students that presented a waiver for other reasons not listed.
- 9) The total number of students that did not return either proof of an assessment or a waiver to school.
- 10) The total number of On-Site Dental Screenings Opt Out..
- 11) The total number of students that were found to have untreated decay.
- 12) The total number of students that were found to have had caries experience.

Treatment Urgency.

- 13) The total number of students with no obvious problem found.
 - 14) The total number of students with early dental care recommended.
 - 15) The total number of students with urgent care needed.
 - 16) The total number of parents notified that the student has an urgent dental care need.
 - 17) The total number of students with a follow-up appointment scheduled.
- Did child receive needed treatment?
- 18) The total number of Yes.
 - 19) The total number of No.
 - 20) The total number of I don't know.

Old KOHA Form

Oral Health Data Collection Form	-Section 2
Waiver of Oral Health Assessment	-Section 3
Waiver of Oral Health Assessment	-Section 3

California Department of Education
March 2008
Page 1 of 1

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 his 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 started 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)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: ☐ Male ☐ Female
Parent/Guardian Name:	Child's race/ethnicity: ☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Multi-racial ☐ Other ☐ Native Hawaiian/Pacific Islander ☐ Unknown		

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) ☐ Yes 12 ☐ No	Visible Decay Present: ☐ Yes 11 ☐ No	Treatment Urgency: ☐ No obvious problem found 13 ☐ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) 14 ☐ Urgent care needed (pain, infection, swelling or soft tissue lesions) 15
------------------	---	--	--

Section 2: KOHA Assessment Form Section

Licensed Dental Professional Signature CA License Number Date

Section 3: COMPLETE THIS SECTION ONLY IF YOU DON'T WANT TO PARTICIPATE: 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)

- 3** ☐ 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
- 4** ☐ I cannot afford a dental check-up for my child.
- 7** ☐ I do not want my child to receive a dental check-up. **5, 6, 8**
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.