

Getting Started with

SCOHR AB 1433

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Chapter 1: School Site Users

Welcome to the SCOHR (System for California Oral Health Reporting)

SCOHR was developed by the SJCOE (CodeStack Department) and in collaboration with the ACSA, CDA, and CCSESA, to provide a centralized online method of all required student oral health assessment data.

SCOHR AB 1433 Overview SJCOE/CodeStack Accessibility Data Capture Reporting Sign Up

@ Username

? Password Login

[Forgot Password](#)

Welcome to the SCOHR (System for California Oral Health Reporting)

SCOHR was developed by the SJCOE (CodeStack Department) and in collaboration with the ACSA, CDA, and CCSESA, to provide a centralized online method of all required student oral health assessment data.

Schools in participating districts will have access to input, manage, and track electronic Oral Health Assessment/Waiver Request Forms and all oral health assessment data, bulk upload data to pre-fill the Oral Health Assessment/Waiver Request Forms, print pre-filled Oral Health Assessment/Waiver Request Forms (individually or in-bulk), and export all data into a standardized format.

SCOHR tracks the status of all Oral Health Assessment/Waiver Request Forms. SCOHR also includes a Report Generator utility to run ad-hoc, custom lists and aggregate reports at the school, district, county, and/or state levels.

If your school, district or COE is interested in participating, please contact the SJCOE, CodeStack Department, at scohr@sjcoe.net. To login, if your account has already been set up, enter your username and password into the fields above and click the Login button. If you need help logging in please contact our support.

Figure 1-1

To sign in to the **SCOHR** website, navigate to www.ab1433.org, enter your username and password, then click the **Login** button. (see Figure 1-1)

Once you are signed in, the menu options available depends upon your specific account type and participation level.

School Site User

As a **School Site user**, you can sign into the SCOHR website to report data exclusively for your school. Upon signing in to your account, you see the **Welcome** screen with the available menu options listed across the upper right side of the page. (see **Figure 1-2**)

The screenshot shows the SCOHR website interface. At the top, a dark teal header contains the text "SCOHR AB 1433" and "Welcome," on the left, and a navigation menu with links: "Main", "Data Input", "Districts", "Announcements", "Reports", "Users", "List Serve", and "Logout". Below the header, the user is greeted with "Welcome, statewide" and a "Fiscal Year:" dropdown menu set to "2022 - 2023". A large light blue box contains a welcome message and important information: "Welcome to the State of California Oral Health Report (SCOHR)!", a notice about COVID-19 school closures, a thank you message, information about a new data field "CRIES EXPERIENCE", contact information for the SCOHR Help Desk, and a closing statement "Stay healthy and safe!". Below this box, three sections are listed: "Pending Forms" (Forms that have been sent home but not returned), "Waived Forms" (Completed forms returned to the school with the waiver section signed by a parent or guardian), and "Signed Forms" (Completed forms returned to the school with an evaluation signed by a dentist). A table below these sections shows the status and total count for each: Pending (15), Signed (69), and Waived (74). At the bottom, a dark teal footer contains the text: "Developed by CodeStack, a department of San Joaquin County Office of Education. © 2020 SCOHR. All Rights Reserved."

SCOHR AB 1433
Welcome,

Main - Data Input - Districts - Announcements - Reports - Users - List Serve - Logout

Welcome, statewide
Fiscal Year: 2022 - 2023

Welcome to the State of California Oral Health Report (SCOHR)!

Although there are school closures across the country due to the COVID-19 virus, we will continue to work and provide email support for all systems. However, phone support will be limited at this time.

We thank you in advance for your understanding as we take the necessary precautions to ensure the health and safety of our staff members and the public. We will keep you updated as things change. Thank you.

NEW FIELD FOR DATA SUBMITTED IN AGGREGATE (not individual-level data): CRIES EXPERIENCE (cavities and fillings)! See the new schema for details.

If you need assistance, please contact the SCOHR Help Desk by phone at (866) 762-9170 or by email at scohr@sjcoe.net.

Stay healthy and safe!

Pending Forms
Forms that have been sent home but not returned. Forms are not complete until they have been waived or signed by a dentist.

Waived Forms
Completed forms returned to the school with the waiver section signed by a parent or guardian.

Signed Forms
Completed forms returned to the school with an evaluation signed by a dentist.

Status	Total
Pending	15
Signed	69
Waived	74

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Figure 1-2

Reporting

For the time being, the SJCOE has developed a custom report generator to provide aggregate real-time comparisons on all fields, and a custom search report to allow district and county-wide users build an advanced query using a “drill-down” model to narrow down their totals. All reports can be saved and downloaded. SJCOE will also develop some standard aggregate reports. Once the system is implemented and used, the SJCOE will add other aggregate reports at the request of users. Furthermore, once the CDE identifies the data reports and formats it would like from the COE’s, SJCOE will include those in the system as well.

Reporting Data using the Online Form

To report data for your school:

1. Sign in to your account at www.ab1433.org.
2. Click on Data Input in the menu.
3. Click on Data Input Form
4. Click on the  icon to the right of your school. (see **Figure 1-3**)

Data Input

You can refine your search below. You can type of a last name,first name, parent name, school, district, or county.

Fiscal Year: 2022 - 2023

Keyword: Filter Type: All

District	School	Cds Code	Actions
Testing For Non-Participating	N Part School C	77000020000003	

Figure 1-3

2022-2023 Quick Input Form

In a *non-participating” district, the **2022-2023 Quick Input Form** will open.

SCOHR AB 1433
Welcome, statewide

Main ▾Data Input ▾DistrictsAnnouncementsReports ▾UsersList ServeLogout

Quick Input Form for N Part School C

Complete and submit the form. All waivers, no return, and poa should sum to the value in the total students eligible field.

Oral Health Information for

Next

The total number of students at the school eligible for the assessment.	50
The total number of students presenting proof of an assessment.	10
The total number of students that presented a waiver for unable to find dental office accepting dental insurance plan.	10
The total number of students that presented a waiver for the purpose of financial burden.	10
The total number of students that presented a waiver for unable to take time off or the dentist does not have convenient office hours.	2
The total number of students that presented a waiver for lack of adequate transportation.	2
The total number of students that presented a waiver for reasons of non-consent by parents.	2
The total number of students that presented a waiver for other reasons not listed.	2
The total number of students that did not return either proof of an assessment or a waiver to the school.	2
The total number of On-Site Dental Screenings Opt Out.	0
The total number of students that were found to have untreated decay.	3
The total number of students that were found to have had caries experience.	7

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Figure 1-4

5. Enter the numerical data reflecting that described for each item.

2022-2023 Quick Input Form (cont.)

Treatment Urgency	
The total number of students with no obvious problem found.	0
The total number of students with early dental care recommended.	0
The total number of students with urgent care needed.	0
The total number of parents notified that the student has an urgent dental care need.	10
The total number of follow-up appointments scheduled for the student.	6
Did child receive needed treatment?.	
The total number of Yes.	20
The total number of No.	10
The total number of I Don't Know.	15

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- After entering the numerical data for each item listed, click on **“Submit”** at the bottom of the page. You are done.

NOTE:

*A non-participating district only needs to report the numbers of each recorded item.

See Chapter 4: Participating Districts for more information regarding participating districts.

Uploading Data

Another way you can submit data to the SCOHR website is to save it all in a comma separated list to upload as a csv (comma separated value) file. First, you need to know that the csv file requires 9 columns: Total_Eligible, Total_PoA, Waived_FB, Waived_ND, Waived_NC, Assessed_UD, Not_Returned, Total_CE, CDS_Code.

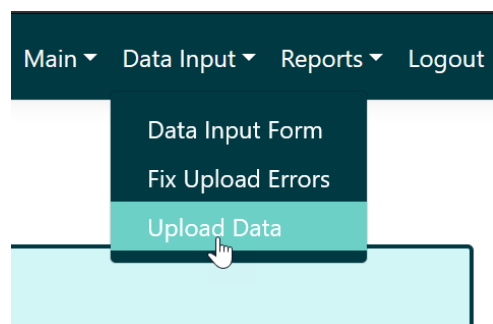
Current (2022-2023+)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	Total_Eligible	Total_PoA	Waived_Nd	Waived_Fb	Waived_Nto	Waived_Ntr	Waived_Nc	Waived_Or	Not_Returne	Waived_Opt	Assessed_Uc	Total_CE	Total_Nopf	Total_Edrc	Total_Ucn	Total_Urgen	Total_Follow	Total_Treatn	Total_Treatn	Total_Treatn	CDS_Code
2	100	50	12	12	44	5	23	2	10	2	6	7	2	2	4	6	8	15	20	10	1000000000000000
3	50	10	3	0	1	5	2	0	0	0	3	4	6	2	2	10	6	20	10	15	1210000000000000
4																					
5																					
6																					

Legacy (2006-2021)

	A	B	C	D	E	F	G	H	I
1	110	50	10	10	10	10	20	15	7700000000000000
2	190	180	0	0	2	3	5	8	2999300000000000
3									
4									
5									
6									

There's a Schema and a sample csv file available on the Upload Data page. You should take a look at these before you create your comma-separated list of values.



To get to the **Upload Data** page and view the Schema:

1. Click on Data Input in the menu.
2. Click on Upload Data.

Uploading Data - Data Input Page

This takes us to the **Data Input** page. Here you can clearly see the two links available for the Schema and the sample .csv file. You can find them near the bottom of the teal instruction box.

Now take a look at the **Schema** on the next page but, since you're already here, let's see how to upload the csv file once you have it ready.

The screenshot shows the 'Data Input' page of the SCOHR system. At the top is a dark teal navigation bar with the text 'SCOHR AB 1433 Welcome,' on the left and a menu of links: 'Main', 'Data Input', 'Districts', 'Announcements', 'Reports', 'Users', 'List Serve', and 'Logout'. Below the navigation bar, the page title 'Data Input' is displayed. A large light blue box contains the following instructions:

INSTRUCTIONS: To upload aggregate student data, choose the Fiscal Year and then click the "Browse" button below and choose the csv file that you want to upload. After you have selected your file, click the "Submit" button to begin the upload process.

The CSV should contain the following 21 columns (2022-2023): Total_Eligible, Total_PoA, Waived_Ins, Waived_FB, Waived_TO, Waived_Trans, Waived_NC, Waived_Other, Not_Returned, Opt_Out, Untrtd_Decay, Total_CE, TU_NOPF, TU_EDRC, TU_UCN, UC_Date, FU_Apt, Rec_Yes, Rec_No, Rec_IDK, CDS_Code. See [Schema](#).

The CSV should contain the following 9 columns (2006-2021): Total_Eligible, Total_PoA, Waived_FB, Waived_ND, Waived_NC, Not_Returned, Assessed_UD, Total_CE, CDS_Code. See [Schema](#)

A sample CSV file that can be used as a template can be found (2022-2023) [here](#).
A sample CSV file that can be used as a template can be found (2006-2021) [here](#).

Below the instructions, there is a 'Fiscal Year:' label followed by a dropdown menu showing '2022 - 2023'. Below that is a 'Select a file:' label followed by a 'Choose File' button and the text 'no file selected'. At the bottom of this section is an 'Upload' button. The footer of the page is a dark teal bar with the text: 'Developed by CodeStack, a department of San Joaquin County Office of Education. © 2020 SCOHR. All Rights Reserved.'

Figure 1-5

To upload the csv file with your aggregate student data:

1. Choose the **Fiscal Year**.
2. Click the "**Browse**" button.
3. Choose the **.csv** file that you want to upload.
4. After selecting your file, click the "**Submit**" button to begin the upload process.

Viewing the Schema

Now that you know how to upload the csv file once you have it ready, let's take a look at the Schema.

Click on either link to view the **Schemas**.

Data Input

INSTRUCTIONS: To upload aggregate student data, choose the Fiscal Year and then click the "Browse" button below and choose the csv file that you want to upload. After you have selected your file, click the "Submit" button to begin the upload process.

The CSV should contain the following 21 columns (2022-2023): Total_Eligible, Total_PoA, Waived_Ins, Waived_FB, Waived_TO, Waived_Trans, Waived_NC, Waived_Other, Not_Returned, Opt_Out, Untrtd_Decay, Total_CE, TU_NOPF, TU_EDRC, TU_UCN, UC_Date, FU_Apt, Rec_Yes, Rec_No, Rec_IDK, CDS_Code. See [Schema](#).

The CSV should contain the following 9 columns (2006-2021): Total_Eligible, Total_PoA, Waived_FB, Waived_ND, Waived_NC, Not_Returned, Assessed_UD, Total_CE, CDS_Code. See [Schema](#).

A sample CSV file that can be used as a template can be found (2022-2023) [here](#).

A sample CSV file that can be used as a template can be found (2006-2021) [here](#).

SCOHR AB 1433

Home

Main

Data Input

Districts

Announcements

Reports

Users

List Serve

Logout

Schema for Non-participating Upload

Back

The fields should appear in the following order in a comma separated list.
Headers (column names) are not permitted in the submitted file.
Value 1, should be equal to the sum of values 2, through 9.
These fields are to be reported by school site.

Data Schema format (2022-2023)

- Total_Eligible:** The total number of students at the school eligible for the assessment.
- Total_PoA:** The total number of students presenting proof of an assessment.
- Waived_Ins:** The total number of students that presented a waiver for unable to find dental office accepting dental insurance plan.
- Waived_FB:** The total number of students that presented a waiver for the purpose of financial burden.
- Waived_TO:** The total number of students that presented a waiver for unable to take time off or the dentist does not have convenient office hours.
- Waived_Trans:** The total number of students that presented a waiver for lack of adequate transportation.
- Waived_NC:** The total number of students that presented a waiver for reasons of non-consent by parents.
- Waived_Other:** The total number of students that presented a waiver for other reasons not listed.
- Not_Returned:** The total number of students that did not return either proof of an assessment or a waiver to the school.
- Opt_Out:** The total number of On-Site Dental Screenings Opt Out.
- Untrtd_Decay:** The total number of students that were found to have untreated decay.
- Total_CE:** The total number of students that were found to have had caries experience.
- TU_NOPF:** The total number of students with no obvious problem found.
- TU_EDRC:** The total number of students with early dental care recommended.
- TU_UCN:** The total number of students with urgent care needed.
- UC_Date:** The total number of parents notified that students has an urgent dental care need.
- FU_Apt:** The total number of follow-up appointments scheduled for the students.
- Rec_Yes:** Did child receive needed treatment? The total number of Yes.
- Rec_No:** Did child receive needed treatment? The total number of No.
- Rec_IDK:** Did child receive needed treatment? The total number of "I Don't Know".
- CDS_Code:** The county/district/school code of the school.

Data Schema format (2006-2021)

- Total_Eligible:** The total number of students at the school eligible for the assessment.
- Total_PoA:** The total number of students presenting proof of an assessment.
- Waived_FB:** The total number of students that presented a waiver for the purpose of financial burden.
- Waived_NC:** The total number of students that presented a waiver for lack of access to a doctor.
- Waived_ND:** The total number of students that presented a waiver for reasons of non-consent by parents.
- Not_Returned:** The total number of students that did not return either proof of an assessment or a waiver to the school.
- Untrtd_Decay:** The total number of students that were found to have untreated decay.
- Total_CE:** The total number of students that were found to have had caries experience.
- CDS_Code:** The county/district/school code of the school.

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This opens the current **Schema for Non-participating Upload** page. (see **Figure 1-6**)

The two Schemas in **Figure 1-6** show the field titles that must be included in the csv file, in a list separated by commas. Once you have your data saved in the csv file, you can upload it on the previous page.

Figure 1-6

Sample CSV File(s)

In **Figures 1-7a & 1-7b** below, this is how your sample csv file(s) look when correctly formatted, allowing your file to be uploaded successfully. As you can see, you now have 9 sets of numbers listed in the order described in the Schema. Now that you have your file correctly formatted to the Schema, you can upload your file.

Current (2022-2023+)

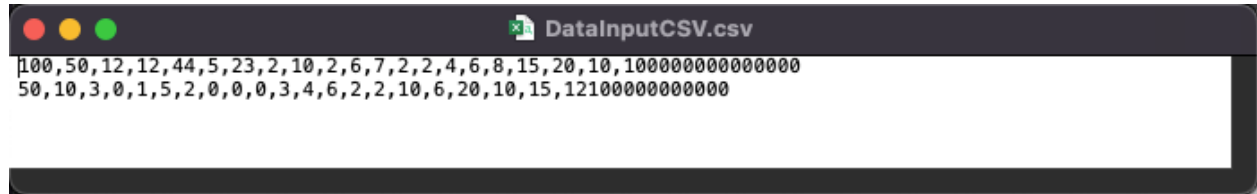


Figure 1-7a

Legacy (2006-2021)

	A	B	C	D	E	F	G	H	I
1	110	50	10	10	10	10	20	15	7700000000000000
2	190	180	0	0	2	3	5	8	2999300000000000
3									
4									
5									

Figure 1-7b

Fix Uploads Page

After uploading your csv file(s), you can review the records for accuracy. On the **Fix Uploads** page, you can search your uploaded records based on a keyword. Search results based on your search criteria may be marked with a pencil, indicating the system recognized errors that need to be fixed before they can be finalized. Let's look at **Figure 1-8**.

SCOHR AB 1433
Welcome,

Main ▾ Data Input ▾ Districts Announcements Reports ▾ Users List Serve Logout

Fix Uploads

You can refine your search below.

A checkbox and a green check mark are available if there are no errors on the form.

A pencil indicates errors on the form. Click the pencil to fix the errors.

Once all form errors are fixed, you can click the Finalize button to move checked records into the database.

Fiscal Year: 2022 - 2023 ▾

Keyword:

Filter Type: All ▾

Search

Reset

Finalize

Select	School	Cds Code	Tot Elig	Tot PoA	Wvd Ins	Wvd FB	Wvd TO	Wvd TR	Wvd NC	Wvd Oth	Not Ret	Opt Out	Unt Dec
☐	N Part School C	77000020000003	50	10	3	0	5	2	1	0	0	0	3
☐	N Part School D	77000020000004	100	50	12	12	5	23	44	2	10	2	6
☐	N Part School D	77000020000004	100	50	12	12	5	23	44	2	10	2	6

Please scroll to the right to edit or delete a record.

< < | Page 1 of 1 | > >

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1 - 3 of 3

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Figure 1-8

Fixing Upload Errors

You seem to have errors in your records; let's click on the pencil icon to see what they are. In **Figure 1-9**, you can see that this opens the Dental Assessment Information form where you can edit your recorded numbers.

The teal error description box at the top of the form shows that the error you are experiencing is due to your school not existing in the database.

This is because test account CDS numbers are not recognized as they are for testing and training purposes only.

This also means your csv file does not have any entry errors and, under normal circumstances, is ready to be saved by clicking the Submit button at the bottom.

SCOHR AB 1433
Welcome,

Main • Data Input • Districts • Announcements • Reports • Users • List Serve • Logout

Quick Input Form for N Part School C

Complete and submit the form. All waivers, no return, and poa should sum to the value in the total students eligible field.

Oral Health Information for

Previous Next

The total number of students at the school eligible for the assessment. 50

The total number of students presenting proof of an assessment. 10

The total number of students that presented a waiver for unable to find dental office accepting dental insurance plan. 10

The total number of students that presented a waiver for the purpose of financial burden. 10

The total number of students that presented a waiver for unable to take time off or the dentist does not have convenient office hours. 2

The total number of students that presented a waiver for lack of adequate transportation. 2

The total number of students that presented a waiver for reasons of non-consent by parents. 2

The total number of students that presented a waiver for other reasons not listed. 2

The total number of students that did not return either proof of an assessment or a waiver to the school. 2

The total number of On-Site Dental Screenings Opt Out. 0

The total number of students that were found to have untreated decay. 3

The total number of students that were found to have had caries experience. 7

Treatment Urgency

The total number of students with no obvious problem found. 0

The total number of students with early dental care recommended. 0

The total number of students with urgent care needed. 0

The total number of parents notified that the student has an urgent dental care need. 10

The total number of follow-up appointments scheduled for the student. 6

Did child receive needed treatment?

The total number of Yes. 20

The total number of No. 10

The total number of I Don't Know. 15

Submit Cancel

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Figure 1-9

Finalizing Records

Now that you've confirmed that your file is error-free, you can navigate back to the Fix Uploads page and finalize the records.

SCOHR AB 1433
Welcome,

Main ▾Data Input ▾DistrictsAnnouncementsReports ▾UsersList ServeLogout

Fix Uploads

You can refine your search below.
A checkbox and a green check mark are available if there are no errors on the form.
A pencil indicates errors on the form. Click the pencil to fix the errors.
Once all form errors are fixed, you can click the Finalize button to move checked records into the database.

Fiscal Year: 2022 - 2023 ▾

Keyword:

Filter Type: All ▾

Search

Reset

Finalize

Select	School	Cds Code	Tot Elig	Tot PoA	Wvd Ins	Wvd FB	Wvd TO	Wvd TR	Wvd NC	Wvd Oth	Not Ret	Opt Out	Unt Dec
☐	N Part School C	77000020000003	50	10	3	0	5	2	1	0	0	0	3
☐	N Part School D	77000020000004	100	50	12	12	5	23	44	2	10	2	6
☐	N Part School D	77000020000004	100	50	12	12	5	23	44	2	10	2	6

Please scroll to the right to edit or delete a record.

<< < | Page 1 of 1 | >>

10

1 - 3 of 3

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Figure 1-10

Okay, now you click the **Finalize** button (see Figure 1-10) to finalize your submitted records.

Can't finalize yet, fix all the form errors first.

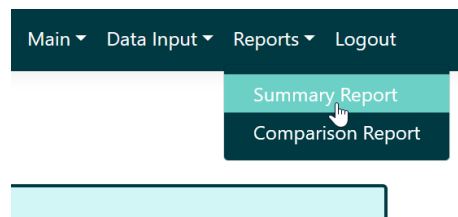
OK

Running Reports

There are two reports available for extracting information from the submitted records, Summary and Comparison. The Summary Report allows you to download a report that shows a summary view of your submitted data for a given Fiscal Year. The Comparison report allows you to compare different types of aggregate data from your submitted data and filter results based on School, District, or County.

See how to generate a **Summary Report** first.

Summary Report



How to run a **Summary Report**:

1. In the **Menu**, click on **Reports**.
2. Select **Summary Report**.

Here, you have opened the Summary Report page where you can set the year you need to pull data from and generate the report.

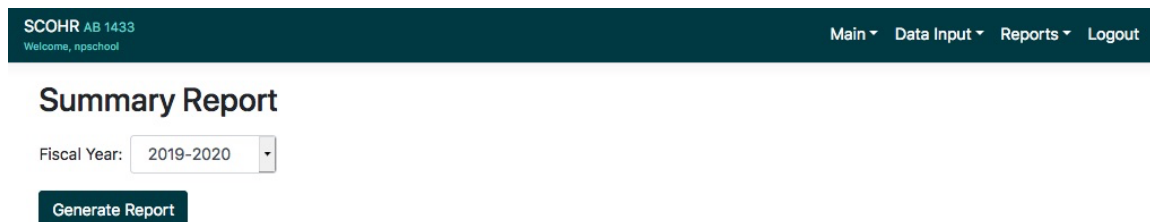
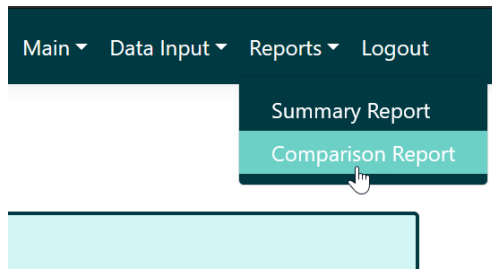


Figure 1-11

How to run a Summary Report (cont.):

3. Select the desired year to pull data from.
4. Click on the **Generate Report** button.
Once the report is generated, the Generate Report button will change to a Download button.
5. Click on the **Download** button to download the report for review.

Comparison Report



To run a **Comparison Report**:

1. In the **Menu**, click on **Reports**.
2. Select **Summary Report**.

A screenshot of the 'Comparison Report' form. At the top, there is a dark teal header bar with the text 'SCOHR AB 1433' and 'Welcome, npschool' on the left, and a navigation menu with 'Main', 'Data Input', 'Reports', and 'Logout' on the right. Below the header, the title 'Comparison Report' is displayed. The form contains three dropdown menus: 'Fiscal Year' with '2019-2020' selected, 'Compare' with 'County' selected, and 'Filter By' with 'None' selected. The 'Compare' dropdown is followed by the word 'to' and then the 'Ethnicity' dropdown. At the bottom of the form is a dark teal button labeled 'Generate Report'.

Figure 1-12

To run a **Comparison Report** (cont'd):

1. Select the desired year to pull data from.
2. Choose the data types to be compared.
3. Apply an optional data type filter if you want.
4. Click on the **Generate Report** button.
Once the report is generated, the Generate Report button will change to a Download button.
5. Click on the **Download** button to download the report for review.

Next, we'll see how the District and County account types differ from the School Site.

Chapter 2: Users District

District users can perform all of the same actions that a School Site user can. There are, however, some key differences that you will see in Chapter 2.

The primary differences between the School Site user and the District user have to do with their scope, or amount, of data they are working with. As a school district is made up of multiple schools, a **District** user can report for multiple **School Sites**. The process is the same as it is for a **School Site** with the exception of having to select the school first.

For example, in **Figure 2-1**, you are trying to navigate to the **Data Input Form** to submit data, you will have to select which school you are reporting for first. Since the data has already been submitted for **N Part School E**, you will report for **N Part School D** by clicking on the pencil on the right side of the row under the **Actions** column.

SCOHR AB 1433
Welcome, npdistrict

Main ▾Data Input ▾Reports ▾UsersSchoolsLogout

Data Input

You can refine your search below. You can type of a last name,first name, parent name, school, district, or county.

Fiscal Year: 2019-2020 ▾

Keyword: Filter Type: All ▾ Search Reset

District	School	Cds Code	Actions
Testing For Non-Participating	N Part School C	77000020000003	✓
Testing For Non-Participating	N Part School D	77000020000004	✓
Testing For Non-Participating	N Part School E	77000020000002	

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13

1 - 3 of 3

Figure 2-1

Data Input

After clicking on the pencil to select **N Part School D**, as we can see in **Figures 2-2a & 2-2b**, the **Dental Assessment Information Quick Input Form** opens for the selected year.

Current (2022 - 2023+)

SCOHR AB 1433
Welcome,

Main · Data Input · Districts · Announcements · Reports · Users · List Serve · Logout

Quick Input Form for N Part School C

Complete and submit the form. All waivers, no return, and poa should sum to the value in the total students eligible field.

Oral Health Information for

PreviousNext

The total number of students at the school eligible for the assessment.

50

The total number of students presenting proof of an assessment.

10

The total number of students that presented a waiver for unable to find dental office accepting dental insurance plan.

10

The total number of students that presented a waiver for the purpose of financial burden.

10

The total number of students that presented a waiver for unable to take time off or the dentist does not have convenient office hours.

2

The total number of students that presented a waiver for lack of adequate transportation.

2

The total number of students that presented a waiver for reasons of non-consent by parents.

2

The total number of students that presented a waiver for other reasons not listed.

2

The total number of students that did not return either proof of an assessment or a waiver to the school.

2

The total number of On-Site Dental Screenings Opt Out.

0

The total number of students that were found to have untreated decay.

3

The total number of students that were found to have had caries experience.

7

Treatment Urgency

The total number of students with no obvious problem found.

0

The total number of students with early dental care recommended.

0

The total number of students with urgent care needed.

0

The total number of parents notified that the student has an urgent dental care need.

10

The total number of follow-up appointments scheduled for the student.

6

Did child receive needed treatment?.

The total number of Yes.

20

The total number of No.

10

The total number of I Don't Know.

15

SubmitCancel

Developed by CodeStack, a department of
San Joaquin County Office of Education.
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Figure 2-2a

Legacy (2006 - 2021-2022)

Quick Input Form for N Part School D

Complete and submit the form. All waivers, no return, and poa should sum to the value in the total students eligible field.

Oral Health Information for

Previous

The total number of students at the school eligible for the assessment.	256
The total number of students presenting proof of an assessment.	212
The total number of students that presented a waiver for the purpose of financial burden.	23
The total number of students that presented a waiver for lack of access to a doctor.	13
The total number of students that presented a waiver for reasons of non-consent by parents.	14
The total number of students that did not return either proof of an assessment or a waiver to the school.	6
The total number of students that were found to have untreated decay.	138
The total number of students that were found to have had caries experience.	77

Submit

Cancel

Figure 2-2b

At the bottom of each page, you will see some action buttons. **Submit** will save the entered data. **Cancel** will return to the Data Input page without saving.

Also, if we go back to the list of schools on the previous page, notice in **Figure 2-3** how the pencil has changed to a checkmark indicating data has been submitted.

Testing For Non-Participating	N Part School D	77000020000004	
-------------------------------	-----------------	----------------	---

Figure 2-3

Users

As an administrator on the account, you have the option to view and manage other users on the account. School Site users are able to view and manage users for their school site. District users are able to view and manage users for their district, both at the District and School Site level. County users are able to view and manage users at the County, District, and School Site levels.

To manage users on the account, you will click on **Users** in the menu. This will open the Users page. (see Figure 2-7)

SCOHR AB 1433
Welcome, npdistrict

Main ▾ Data Input ▾ Reports ▾ Users Schools Logout

Users

You can refine your search below. You can type part of a last name, first name, email address, county, district or school in the keyword box.

Add a User

Keyword: Filter Type: All ▾

Name	Username	Type	Email	Organization	Actions
N Part, School	schoolNPart	School Site	schoolNPart@sjcoe.net	N Part School E	
Test, DistNPart	distNPart	District	distNPart@sjcoe.net	Testing For Non-Participating	
Testing, Non-Participating District	npdistrict	District	scohr@sjcoe.net	Testing For Non-Participating	
Testing, Non-Participating School	npschool	School Site	scohr@sjcoe.net	N Part School E	

« < | Page 1 of 1 | > » 10 1 - 4 of 4

Figure 2-4

Add a New User

To add a new user, click on the **Add User** button.

Quick Input Form

The screenshot shows a web application interface for adding a new user. At the top is a dark teal navigation bar with the text 'SCOHR AB 1433' and 'Welcome, npdistrict' on the left, and a menu with 'Main', 'Data Input', 'Reports', 'Users', 'Schools', and 'Logout' on the right. Below the navigation bar is the title 'Quick Input Form'. A light blue instruction box says 'Choose a county/district, then complete and submit the form.' The 'User Information' section contains several input fields: 'Type' (a dropdown menu), 'Email', 'First', 'Last', 'Username', 'Password', and 'Phone'. Below these fields are two checkboxes: 'Can Edit/View Users' and 'Can Edit/View Students'. At the bottom are three buttons: 'Submit' (dark teal), 'Cancel' (dark grey), and 'Delete' (red).

SCOHR AB 1433
Welcome, npdistrict

Main ▾ Data Input ▾ Reports ▾ Users Schools Logout

Quick Input Form

Choose a county/district, then complete and submit the form.

User Information

Type

Email

First

Last

Username

Password

Phone

☐ Can Edit/View Users

☐ Can Edit/View Students

Submit Cancel Delete

Figure 2-5

Select the user type and enter all of the necessary information for the new user.

If the user is going to be an administrator on the account, be sure to check the “Can Edit/View Users” option at the bottom otherwise they will not have the **Users** option in their menu.

If the user is reporting for a “Participating” district or a school in a “Participating” district, you will need to check the “Can Edit/View Students” option at the bottom of the page.

After completing the new user form, click the Submit button to save the new user or click cancel if you no longer need the user account. The edit user page looks identical to the add user page. If you want to delete a user on this page, simply click on the red **Delete** button.

Running Reports

District users can run reports the same way as School Site users. There is, however, one big difference. When reports are run as a District user, they will include data from all of the schools in their district that submitted data.

Chapter 3: Users County

There are two significant differences with County accounts.

Just as the scope of the District user (all the schools within the district) is larger than the scope of the School Site user (only that school), when a County user runs reports, the list they select from includes all of the districts/schools in the county.

An even more significant difference is that the County user cannot report/submit data. County users are limited to running reports on data submitted from the District and/or School Site users on the account.

This means that County users who are submitting data will need to have a District or School Site user account.

County users with Admin rights can create their own accounts.

Those without Admin rights will need to contact the Admin on the account.

If the Admin on the account is unavailable, please contact the SCOHR Help Desk for further assistance.

***More information about the different user types is discussed in the next chapter.**

Chapter 4: Participating Districts

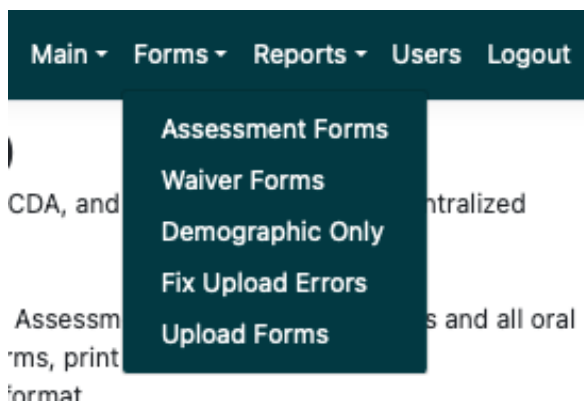
Participating Districts differ in the data they report when compared to Non-Participating Districts. As you saw in the previous chapters, Non-Participating Districts only report the actual count for each field. Participating Districts report all of the recorded student data.

In Figure 2-9, you will see a new menu when reporting for a Participating District.

Instead of “Data Input”, you now see “Forms” as a menu option with three options.

The “Assessment Forms” option is available in place of “Data Input Form”.

“Waiver Forms”, and “Demographic Only” options are used for 2023 forms going forward. For older forms prior to 2023, these options may be found in “Assessment Forms”.



Assessment Forms

In **Figure 4-1** is the **Assessment Forms** page where you can add a new form and find a list of editable forms already submitted.

A screenshot of the 'Assessment Forms' page in a web application. The page has a dark teal header with 'SCOHR AB 1433' and 'Welcome, kherest' on the left, and navigation links 'Main', 'Forms', 'Reports', 'Users', and 'Logout' on the right. Below the header, the title 'Assessment Forms' is displayed. A light blue search bar contains the text: 'You can refine your search below. You can type part of a last name, first name, parent name, school, district, or county.' Below the search bar is an 'Add a Form' button. Further down are filters for 'Fiscal Year' (set to '2022 - 2023') and 'Keyword' (with a 'Filter Type' dropdown set to 'All'). There are 'Search' and 'Reset' buttons. Below the filters is a table with the following columns: 'Last Name', 'First Name', 'Birth Date', 'Parent First Name', 'Parent Last Name', 'School', 'Status', 'Form Type', and 'Actions'. The table contains two rows of data. The first row shows a form for 'Demo Reggie' with birth date '08/17/2022', parent 'Mom Miller', school 'Part School A', and status 'Pending'. The second row shows a form for 'Vang Karl' with birth date '02/02/2019', parent 'Mai Yang', school 'Part School A', and status 'Assessment'. Each row has edit and delete icons in the 'Actions' column. At the bottom of the page is a pagination bar showing 'Page 1 of 1' and '10' items per page, with a total of '1 - 2 of 2' items.

Figure 4-1

Click on the “**Add a Form**” button to open a new **Oral Health Assessment Form**.

Assessment Forms (2022 - 2023+)

In **Figures 4-2, 4-3, 4-4**, there are 3 pages of information recorded for each student. The first page, in **Figure 4-2**, contains the students personal information used for identification.

Oral Health Assessment Form - Page 1

Oral Health Assessment Form
Oral Health Information for

Page 1 Page 2 Page 3 Back to Student list

*Child's First Name: First Name *Child's Last Name: Last Name Middle Initial: Middle Initial *Child's Birth Date: 01/12/2023

Address: Address Apt: Apt

City: City ZIP Code: Zip Code

*School Name: Part School A Teacher: Teacher Grade: Year Child Starts Kindergarten: Year Child Starts Kindergarten

Parent/Guardian First Name: Parent/Guardian Last Name: Child's Gender:

Parent/Guardian First Name Parent/Guardian Last Name

Child's Race/Ethnicity:

SSID Student Information System Id

SSID Student Info System Id

* required field

Submit Cancel Clear Page

Figure 4-2

At the bottom of each page, you will see some action buttons. **Submit** will save the entered data. **Cancel** will return to the Assessment Forms page without saving. **Clear Page** will clear the data from all of the fields on the current page of the student record.

Oral Health Assessment Form - Page 2

The second page of the **Oral Health Assessment Form (Figure 4-3)** contains assessment results including the optional dentist signature.

SCOHR AB 1433
Welcome, khertest

Main ▾ Forms ▾ Reports ▾ Users Logout

Oral Health Assessment Form

Oral Health Information for

Page 1Page 2Page 3

Back to Student list

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	Untreated Decay (Visible Decay Present)	Caries Experience(Visible decay and/or fillings present)
01/12/2023		

Treatment Urgency

- ☐ No obvious problem found
- ☐ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)
- ☐ Urgent care needed (pain, infection, swelling or soft tissue lesions)

Note: The status of the student form will not be changed to completed until the completion date is entered below.

Dentist Signature (optional)		01/12/2023
Licensed Dental Professional Signature	CA License Number	Date

* 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

Submit

Cancel

Clear Page

Figure 4-3

Oral Health Assessment Form - Page 3

The third page of the **Oral Health Assessment Form (Figure 4-4)** contains assessment results including Follow-up to Urgent Care.

SCOHR AB 1433
Welcome, kherest

Main ▾ Forms ▾ Reports ▾ Users Logout

Oral Health Assessment Form

Oral Health Information for

Page 1Page 2Page 3

Back to Student list

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:

A follow-up appointment for this child has been scheduled for:

Did child receive needed treatment?

☐ Yes

☐ No (If no, entity responsible for follow-up will be encouraged to check back in with parent)

☐ I Don't Know

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.

Submit

Cancel

Clear Page

Figure 4-4

Waiver Forms

Click on “**Waiver Forms**” to be taken to the **Waiver Forms** page (**Figure 4-5**) where you can add a new form and find a list of editable forms already submitted.

SCOHR AB 1433
Welcome, kherest

Main Forms Reports Users Logout

Waiver Forms

You can refine your search below. You can type part of a last name, first name, parent name, school, district, or county.
***Note: Waive forms are only applicable starting with fiscal year 2022-2023 and forward.**

Add a Form

Fiscal Year: 2022 - 2023

Keyword: Filter Type: All

Last Name	First Name	Birth Date	Parent First Name	Parent Last Name	School	Status	Actions
Shabe	Joanna	02/18/2023	Richard	Campbell	Part School A	Waived	 
Test	Test1111	01/02/2020			Part School A	Waived	 
test 1	Brian	02/05/2019			Part School A	Waived	 
Her1	Brain	02/06/2019			Part School A	Waived	 

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10

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Figure 4-5

Waiver Form - Page 1

The first page of the **Waiver of Oral Health Assessment Form** (Figure 4-6) includes the child's information for the parent or guardian to complete.

SCOHR AB 1433
Welcome, khertest

Main ▾Forms ▾Reports ▾UsersLogout

Page 1Page 2Page 3Back to Student list

Waiver of Oral Health Assessment Requirement

Waiver Form for

*Child's First Name:	*Child's Last Name:	Middle Initial:	*Child's Birth Date:
First Name	Last Name	Middle Initial	01/12/2023
Address:			Apt:
Address			Apt
City:			ZIP Code:
City			Zip Code
*School Name:	Teacher:	Grade:	Year Child Starts Kindergarten:
Part School A	Teacher		Year Child Starts Kindergarten
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender:	
Parent/Guardian First Name	Parent/Guardian Last Name		
Child's Race/Ethnicity:			
SSID		Student Information System Id	
SSID		Student Info System Id	

* required field

SubmitCancelClear Page

Figure 4-6

Waiver Form - Page 2

The second page of the **Waiver of Oral Health Assessment Form (Figure 4-7)** includes waivers for the parent or guardian to complete and a place for their required signature.

SCOHR AB 1433
Welcome, khertest

Main ▾Forms ▾Reports ▾UsersLogout

Page 1Page 2Page 3

Back to Student list

Waiver of Oral Health Assessment Requirement

Waiver Form for

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:

Type:

☐ I cannot afford an assessment for my child.

☐ 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).

☐ I cannot get to a dentist easily (e.g., do not have transportation, located too far away).

☐ I do not believe my child would benefit from an assessment.

☐ Other (please specify below the reason not listed above for why you are seeking a waiver of this assessment for your child).

01/12/2023

Parent/Guardian SignatureDate

Submit

Cancel

Clear Page

Figure 4-7

Waiver Form - Page 3

The third page of the **Waiver of Oral Health Assessment Form (Figure 4-8)** includes an **On-Site Dental Screening Opt Out Letter** for the parent or guardian to complete and a place for their required signature.

Page 1 Page 2 Page 3 Back to Student list

On-Site Dental Screening Opt Out Letter

Opt Out Letter for

This letter is only required if on-site dental screenings are being offered at your school.

If you want your child to participate in the screenings for his/her grade, no further action is required.

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

☐ I DO NOT wish to have my child participate in the on-site Free dental screening.

Parent/Guardian Signature 01/12/2023

Parent/Guardian Signature Date

Submit Cancel Clear Page

Figure 4-8

Demographic Only Forms

Click on “**Demographic Only**” to be taken to the **Demographic Only Forms** page (**Figure 4-9**) where you can add a new form and find a list of editable forms already submitted.

SCOHR AB 1433
Welcome, khertest

Main ▾Forms ▾Reports ▾UsersLogout

Demographic Only Forms

You can refine your search below. You can type part of a last name, first name, parent name, school, district, or county.
***Note: This page is only applicable starting with fiscal year 2022-2023 and forward.**

Add a Demographic form

Fiscal Year: 2022 - 2023 ▾

Keyword: Filter Type: All ▾ Search Reset

Last Name	First Name	Birth Date	Parent First Name	Parent Last Name	School	Form Type	Actions
test 2	Brian	02/05/2019			Part School A	Select One ▾	  
Vang	Karl	02/02/2019	Mai	Yang	Part School A	Select One ▾	  

« < | Page 1 of 1 | > »

10 ▾

1 - 2 of 2

Figure 4-9

Demographic Only Form

The **Demographic Only Form (Figure 4-10)** includes a Demographic Information form for the parent or guardian to complete.

SCOHR AB 1433
Welcome, kherest

Main Forms Reports Users Logout

Demographic Form

Demographic Information for Karl Vang

Back to Student list

*Child's First Name:	*Child's Last Name:	Middle Initial:	*Child's Birth Date:
Karl	Vang	S	02/02/2019
Address:		Apt:	
Test Drive		54	
City:		ZIP Code:	
Elk Grove		95757	
*School Name:	Teacher:	Grade:	Year Child Starts Kindergarten:
Part School A	John Xiong		2021
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender:	
Mai	Yang		
Child's Race/Ethnicity:			
SSID		Student Information System Id	
2225553331		1.25411E+13	
Form Type			

Submit

Cancel

Clear Page

Figure 4-10

Assessment Forms (2006 to 2021-2022)

In **Figure 4-11**, the **Assessment Forms** page lists any added forms. Change the Fiscal year to any year prior to 2022-2023.

SCOHR AB 1433
Welcome, pdistrict

Main ▾ Forms ▾ Reports ▾ Users Schools Logout

Assessment Forms

You can refine your search below. You can type of a last name,first name, parent name, school, district, or county.

Add a Form

Fiscal Year: 2019-2020 ▾

Keyword: Filter Type: All ▾

Last Name	First Name	Birth Date	Parent Name	School	Status	Actions
Doe, Jr.	John	01/01/2015	John Doe, Sr.	Part School A	Pending	 
Doe, Jr.	Jane	01/01/2015	John Doe, Sr.	Part School A	Pending	 

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10

1 - 2 of 2

Figure 4-11

Click on the “**Add a Form**” button to open a new **Dental Assessment Form**.

Dental Assessment Form (2006 to 2021-2022) - Page 1

In **Figures 4-12, 4-13, 4-14**, there are 3 pages of information recorded for each student.

The first page, in **Figure 4-12**, contains the students personal information used for identification.

Dental Assessment Form

Dental Assessment Information for

[Page 1](#) [Page 2](#) [Page 3](#) [Back to Student list](#)

*First Name	*Last Name	Middle Initial	*Child's Birth Date
First Name	Last Name	Middle Initial	01/26/2023
Address			Apt
Address			Apt
City			Zipcode
City			Zip Code
*School	Teacher	Grade	Child's Gender
All Fields	Teacher		
Parent/Guardian Name		Race/Ethnicity	
Parent/Guardian Name			
SSID		Student Information System Id	
SSID		Student Info System Id	

* required field

[Submit](#) [Cancel](#) [Clear Page](#)

Figure 4-12

At the bottom of each page, you will see some action buttons. **Submit** will save the entered data. **Cancel** will return to the Assessment Forms page without saving. **Clear Page** will clear the data from all of the fields on the current page of the student record.

Click on **Page 2** to go to the next page.

Dental Assessment Form (2006 to 2021-2022) - Page 2

The second page of the **Dental Assessment Form (Figure 4-13)** contains assessment results including the optional dentist signature.

Dental Assessment Form
Dental Assessment Information for

Page 1 Page 2 Page 3 Back to Student list

Assessment Date Caries Exp.(Visible decay and/or fillings present) Visible Decay Present Treatment Urgency

01/26/2023

Note: The status of the student form will not be changed to completed until the completion date is entered below.

Dentist Signature (optional) 01/26/2023

Dental Professional's Signature Date

Submit Cancel Clear Page

Figure 4-13

Click on **Page 3** to go to the next page.

Dental Assessment Forms (2006 to 2022-2023) - Page 4

The third page of the Dental Assessment Form (**Figure 4-14**) includes waivers for the parent or guardian to complete and a place for their required signature.

Dental Assessment Form

Dental Assessment Information for

[Page 1](#) [Page 2](#) [Page 3](#)

Back to Student list

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

☐ I am unable to find a dental office that will take my child's insurance plan. My child is covered by the following insurance plan:

Type:

☐ I cannot afford an oral health assessment for my child.

☐ I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment

Note: The status of the student form will not be changed to completed until the completion date is entered below.

Parent/Guardian Signature

01/26/2023

Date

Submit

Cancel

Clear Page

Figure 4-14