KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK
For questions or additional copies, please contact:

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Oral Health Program
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Introduction

State law requires that children have a dental checkup by May 31 of their first year in school. The Riverside University Health System (RUHS), Public Health, Kindergarten Oral Health Assessment Handbook is a tool designed to assist school staff in administering the Kindergarten Oral Health Assessment requirement. The RUHS, Public Health, Oral Health Program is committed to streamlining the reporting process and encouraging district-wide participation throughout Riverside County.

What are the intended impacts of the oral health assessment?

Tooth decay affects nearly two-thirds of California’s children by the time they reach third grade. Although tooth decay is easily preventable, it is also a progressive infection that does not heal without treatment. If tooth decay goes untreated, children may develop infections severe enough to require emergency room treatment. Additionally, their adult teeth may be permanently damaged. The requirement for children entering kindergarten or first grade to have an oral health assessment is intended to:

- Raise awareness about the relationship between oral health, overall health, and readiness to learn;
- Connect children with dental professionals who can care for their oral health;
- Encourage eligible families to enroll in Medi-Cal Dental;
- Identify barriers to care to assist families in responding to their children’s oral health needs; and,
- Provide data to support oral health advocacy.

This requirement intends to help children get the oral health care they need to be healthy and ready for school. The Kindergarten Oral Health Assessment is a great opportunity for parents and guardians to learn about their child’s oral health.
**Children’s Oral Health**

While there are many factors that influence a child’s performance and success in school, one of the most important elements is health. The Surgeon General’s report on oral health status in the United States reports that the number one chronic disease affecting young children, early childhood caries (dental decay and cavities), is five times more common than asthma. More than half of California’s kindergarteners have experienced tooth decay and one in five children in Riverside County have untreated decay. Children need healthy teeth in order to eat properly, speak, smile, feel good about themselves and do well in school.

Schools play a vital role in communicating the importance of oral health to parents and to communicate that the information collected and reported is secure. All reasonable efforts to encourage parents to seek a dental check-up for their child and return the state-approved Oral Health Assessment Form (Appendix A), regardless of whether or not the evaluation was completed, are essential to fulfilling the intent of the legislation. In addition, sharing local oral health data with school board members, parent-teacher organizations, community organizations, local dental societies and public health agencies will assist in the development of partnerships and strategies to meet community needs.

**School-Based Oral Health Service Programs**

School-based oral health programs are examples of collaborative partnerships formed to improve access to preventive oral health services in Riverside County. Services provided by school-based programs range from oral health screenings and application of fluoride varnish to dental cleanings, sealants, and some fillings. All current school-based oral health programs in Riverside County provide care-coordination services to assist families in accessing dental care services for their children. These programs also assist schools and districts by offering the screening services necessary for completion of the Kindergarten Oral Health Assessment Form.

**Oral Health Assessment Legislation**

**AB 1433**

California ranks 44th in the nation on children’s oral health status. To address these disparities, California signed into law the Oral Health Assessment requirement (AB 1433) in 2005 as a way for schools to help children stay healthy. AB 1433 requires that children entering public school

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for the first time (at kindergarten or first grade) have an oral health assessment performed by a licensed dentist or registered dental hygienist within 12 months prior to or by May 31 of the child’s first year in public school. The ultimate goal of the legislation is to connect children with a dental home. For more information on AB 1433, visit http://www.bit.ly/ab-1433.

SB 379

SB 379, passed in 2017, requires school districts to submit a report to the County Office of Education or to a system designated by the state dental director, or both, by July 1 of each year (see System for California Oral Health Reporting, pg. 8). Additionally, SB 379 allows schools to provide free oral health assessments at school sites via passive consent. This means, if a school or school district hosts a free oral health event where a licensed dental professional performs an oral health assessment, students shall receive the oral health assessment unless the parent or legal guardian of the student opts out. With passive consent, schools are able to assess a greater number of children and refer children that need dental care to a dentist. SB 379 also requires that school districts include data for the number of assessed children found to have dental caries experience (see below). For more information on SB 379, visit http://www.bit.ly/sb-379.

California Education Code

California Education Code Section 49452.8 states that all school districts shall submit a report each year to the County Office of Education. The report should include:

- The total number of pupils in the district, by school, who are subject to the oral health assessment requirement (i.e. the number of kindergarten students plus the number of first grade students who did not attend public school kindergarten).
- The total number of pupils who present proof of an assessment.
- The total number of pupils who could not complete an assessment due to financial burden.
- The total number of pupils who could not complete an assessment due to lack of access to a licensed dentist or other licensed dental health professional.
- The total number of pupils who could not complete an assessment because their parents or legal guardians did not consent to their child receiving the assessment.
- The total number of pupils assessed and found to have untreated decay.
- The total number of pupils who did not return either the assessment form or the waiver request to the school.
- The total number of pupils assessed and found to have caries experience.
**Schools – Distributing the Forms**

The law requires schools to distribute the state-approved Oral Health Assessment Form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. An Oral Health Notification/Parent Letter (Appendix B) that explains the requirement must accompany the Oral Health Assessment Form and both documents should be distributed to parents by the first month of the school year. Distribution opportunities include enrollment days, kindergarten orientation, and back-to-school nights. Schools can download the Oral Health Assessment Form and the Oral Health Notification/Parent Letter (English and Spanish versions) by visiting the California Department of Education Oral Health Assessment page at [https://www.cde.ca.gov/ls/he/hn/oralhealth.asp](https://www.cde.ca.gov/ls/he/hn/oralhealth.asp).

**Translation Note to Local Educational Agencies (LEAs):** As a form of assistance to LEAs, the California Department of Education (CDE) offers form translations free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modification, including the addition of local contact information or local data, or modification in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translations, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.

**Information for Parents**

What are parents/guardians expected to do once they receive the Oral Health Assessment Form?

- If the child has not received a dental exam within the last 12 months, parents/guardians should schedule a dental examination with their regular dentist.

- If the child has seen a dentist within the last 12 months, the parent/guardian should ask the dentist’s office to complete the required form based on the child’s last regular exam.

- If the child has seen a dentist within the last 12 months, but cannot get the dentist to fill out the required form, the parent should submit documentation that the child has completed a dental exam (i.e. dental visit treatment form from the dentist’s office that includes the same information as the Oral Health Assessment Form).

What if a child does not have a dental care provider or his/her family cannot afford an oral health assessment?

All children should obtain an oral health assessment from a licensed dental professional. If a child does not have a regular source of dental care or if their family cannot afford an oral health assessment, they should receive an assessment from a public health clinic, community health center, or other local resource that offers dental services.
assessment, please see the Riverside County Dental Resource Information flyer (Appendix C) for a list of dental care resources available in Riverside County or contact your child’s school for assistance.

Many schools in Riverside County offer free dental screening events and/or participate in school-based oral health programs. Parents can check with their child’s school to see if these services are available.

**What if a parent/guardian is unable to get an oral health assessment for their child?**

The law recognizes that it may not be possible to get the required dental check-up for a child. On rare occasions, a parent/guardian may have their child excused from the requirement by filling out the bottom portion of the Oral Health Assessment Form. To waive the assessment, the parent/guardian must identify on the form what prevented them from getting the dental check-up for the child (i.e. I am unable to find a dental office that will take my child’s dental insurance plan, or I cannot afford a dental check-up, etc.). *This information is very important and must be included.* The waiver request must be submitted by **May 31** of the school year.

### Acceptable Documentation

Parents need to submit one of the following documents to meet the requirement:

- 🌟 The Oral Health Assessment Form completed by a licensed dentist or registered dental hygienist working within their scope of practice.
- 🌟 Oral health examination and treatment plan forms provided by a licensed dentist or registered dental hygienist working within their scope of practice that includes the same information listed on the Oral Health Assessment Form.

### Unacceptable Documentation

Verbal confirmation of obtaining an oral health assessment for a child by their parent or legal guardian does not qualify as acceptable documentation. If a parent/guardian is unable to obtain an oral health assessment for their child, the parent/guardian must sign the waiver portion at the bottom of the Oral Health Assessment Form.

The signing of the waiver should not be used to avoid the important responsibility of obtaining dental health care services for a child.
Data Collection and Reporting

Riverside University Health System, Public Health, Oral Health Program

Below is a brief overview of the process for reporting oral health data. In addition to this handbook, RUHS Public Health, Oral Health Program provides trainings and a resource toolkit to assist schools and districts in complying with the mandate. For more information, contact RUHS Public Health Oral Health Program.

System for California Oral Health Reporting – SCOHR

SCOHR is a centralized online method of gathering all required student oral health assessment data. Schools and districts can input, manage, and track oral health assessment data. There are two types of accounts available for this purpose. “Participating” schools enter the required data from the Oral Health Assessment form plus demographic information found in Section 1. This gives the participating school the capacity to track the status of forms, upload bulk data, print pre-filled forms, run reports, and more. “Non-Participating” schools have the option of inputting only Sections 2 and 3 of the Oral Health Assessment Form (see California Education Code, page 5). For more SCOHR information or to create an account, visit www.ab1433.org.

At a minimum, schools and districts must gather and report the required data. This process is described below.

Schools

Schools are responsible for collecting each student’s Oral Health Assessment Form or signed waiver by May 31.

Option 1: Participating Schools

Enter data from Oral Health Assessment Form - Sections 1, 2, and 3

✔ Enter all data directly into SCOHR by July 1.

Option 2: Non-Participating Schools

Enter data from Oral Health Assessment Form - Section 2 and 3 only

✔ Enter Section 2 and 3 data directly into SCOHR by July 1 OR

✔ Complete an Oral Health Data Worksheet (example in Appendix D) and submit to district by last day of school.

Districts

School districts are responsible to ensure all data from each school in their district is entered into SCOHR. Individual school data should be reported, not a sum of all students in the district.
Enter data from each school into SCOHR, if schools have not done so:

- Obtain Oral Health Data Worksheet from each school by last day of school.
- Enter data directly into SCOHR by July 1 (see Schools - Options 1 and 2 above).

**County Office of Education**

Riverside County Office of Education will access a SCOHR account to monitor compliance from all school districts in the county.

<table>
<thead>
<tr>
<th>PARTICIPATING</th>
<th>NON-PARTICIPATING - A</th>
<th>NON-PARTICIPATING - B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter all data into SCOHR (Sections 1, 2 &amp; 3)</td>
<td>Enter required data into SCOHR (Sections 2 &amp; 3)</td>
<td>Complete Oral Health Data Worksheet</td>
</tr>
<tr>
<td><strong>SCHOOLS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collect Oral Health Assessment/Waiver by May 31.</td>
<td>• Collect Oral Health Assessment/Waiver by May 31.</td>
<td>• Collect Oral Health Assessment/Waiver by May 31.</td>
</tr>
<tr>
<td>• Enter required data plus demographic data directly into SCOHR by July 1.</td>
<td>• Enter required data directly into SCOHR by July 1.</td>
<td>• Tally data into Oral Health Data Worksheet and submit to school district office by last day of school.</td>
</tr>
<tr>
<td><strong>DISTRICTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Confirm that all schools in district have reported by July 1.</td>
<td>• Confirm that all schools in district have reported by July 1.</td>
<td>• Obtain Oral Health Data Worksheet by last day of school.</td>
</tr>
<tr>
<td>• Enter required information into SCOHR by July 1.</td>
<td></td>
<td>• Enter required information into SCOHR by July 1.</td>
</tr>
<tr>
<td><strong>COUNTY OFFICE OF EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Confirm that all schools in district have reported by July 1.</td>
<td>• Confirm that all schools in district have reported by July 1.</td>
<td>• Confirm that all schools in district have reported by July 1.</td>
</tr>
</tbody>
</table>
Appendix A

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)

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child’s birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
<th>Grade:</th>
<th>Child’s Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Male □ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Child’s race/ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ White □ Black/African American □ Hispanic/Latino □ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Native American □ Multi-racial □ Other___________</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian/Pacific Islander □ Unknown</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

Licensed Dental Professional Signature

CA License Number

Date

Section 3: 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)

□ 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
  □ I cannot afford a dental check-up for my child.
□ I do not want my child to receive a dental check-up.
  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.
Appendix B

Oral Health Notification / Parent Letter

(USE DISTRICT LETTERHEAD AND COMPLETE APPROPRIATE SECTIONS)

Dear Parent or Guardian:

To make sure your child is ready for school, California law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school.

A licensed dentist or other licensed or registered dental health professional needs to perform the assessment. If your child has had an assessment within 12 months of entering school, that assessment will meet this requirement. **Schools must receive a signed copy of the required form by May 31.**

If you have a dental provider:

- Take the attached Oral Health Assessment/Waiver Request form to the dental office to be completed at the time of your child’s check-up.

If you do not have a dental provider, the following resources can help you find a dentist:

- Medi-Cal Dental  
  800-322-6384  
  [http://www.denti-cal.ca.gov](http://www.denti-cal.ca.gov) or [https://smilecalifornia.org/](https://smilecalifornia.org/)

- Child Health & Disability Prevention Program(CHDP)  
  951-358-5481  
  [https://www.dhcs.ca.gov/services/chdp/Pages/default.aspx](https://www.dhcs.ca.gov/services/chdp/Pages/default.aspx)

- Tri-County Dental Society  
  951-787-9700  
  [https://www.tcds.org/](https://www.tcds.org/)

- Riverside University Health System, Public Health, Oral Health Program  
  951-358-7171  
  [https://www.rivcoips.org/](https://www.rivcoips.org/)

If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form.
California law requires schools to maintain the privacy of students’ health information. Your child’s identity will not be associated with any report produced as a result of this requirement.

Remember, children must be healthy to learn, and children with cavities are not healthy. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities and/or pain may have difficulty eating, stop smiling, and have problems paying attention and learning at school.

Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment and their adult teeth may be permanently damaged.

Here are some important tips to help your child stay healthy:

1. Brush teeth twice a day for two minutes with fluoride toothpaste;
2. Floss once daily;
3. Eat healthy snacks, like cheese, apples, cucumbers, or carrots;
4. Visit the dentist twice a year for regular check-ups; and,
5. Ask your dentist and doctor about fluoride varnish.

If you have questions about the new oral health assessment requirement, please contact your child’s school.

Sincerely,

District Superintendent

Attachment
# Appendix C

## Riverside County Dental Resource Information

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Services</th>
<th>Insurance</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrego Health Arianza Family Health Center Riverside</td>
<td>Cleanings, Restorative services</td>
<td>Medi-Cal, Sliding fee, Additional plans</td>
<td>(951) 710-3980</td>
</tr>
<tr>
<td>Banning Family Community Health Center Banning</td>
<td>Cleanings, Fillings, Partial dentures, Extractions</td>
<td>Medi-Cal, Delta Dental HMO</td>
<td>(951) 846-2560</td>
</tr>
<tr>
<td>Borrego Health Centro Medico Dental Clinic Corona</td>
<td>Cleanings, Restorative services</td>
<td>Medi-Cal, IEHP, Special needs patients</td>
<td>(951) 298-8630</td>
</tr>
<tr>
<td>Borrego Health Centro Medico Cathedral City Cathedral City</td>
<td>Pediatric services only, Cleanings, Additional services</td>
<td>Medi-Cal, Sliding fee scale, Low-cost services</td>
<td>(760) 321-6776</td>
</tr>
<tr>
<td>Borrego Health Centro Medico Coachella Thermal</td>
<td>Cleanings, Restorative services</td>
<td>Medi-Cal, Sliding fee scale, Low-cost services</td>
<td>(760) 238-5494</td>
</tr>
<tr>
<td>Borrego Health Desert Hot Springs Health &amp; Wellness Center Desert Hot Springs</td>
<td>Cleanings, Restorative services</td>
<td>Medi-Cal, Sliding scale fee, Low-cost services</td>
<td>(760) 251-0044</td>
</tr>
<tr>
<td>Borrego Health Eastside Health Center Riverside</td>
<td>Cleanings, Restorative services</td>
<td>Medi-Cal, Sliding scale fee, Low-cost services</td>
<td>(951) 213-3460</td>
</tr>
<tr>
<td>Borrego Health Jay Hoffman Health Center Nuevo</td>
<td>Cleanings, Restorative services</td>
<td>Medi-Cal, Sliding scale fee, Low-cost services</td>
<td>(951) 928-2805</td>
</tr>
<tr>
<td>Riverside University Health System Community Health Center Corona and Jurupa (Coming Soon)</td>
<td>Cleanings, Fillings, Additional services</td>
<td>Medi-Cal, Sliding scale fee, IEHP, MISP</td>
<td>(800) 728-9553</td>
</tr>
<tr>
<td>Indio Surgery Center Indio</td>
<td>Pediatric services only, Cleanings, Extractions, Additional services</td>
<td>Medi-Cal, IEHP, Molina, Special needs patients, CA Health/Wellness</td>
<td>(760) 396-5733</td>
</tr>
<tr>
<td>Magnolia Community Health Center Riverside</td>
<td>Cleanings, Fillings, Extractions</td>
<td>Medi-Cal, IEHP, Additional plans</td>
<td>(951) 373-5630</td>
</tr>
</tbody>
</table>

*Oral Health Program*

[www.rivoph.org](http://www.rivoph.org)  
[RC-09H@umhealth.org](mailto:RC-09H@umhealth.org)  
(951) 358-7171

- Brush and floss daily
- Avoid sugary drinks
- Eat healthy foods
- Visit the dentist
## Riverside County Dental Resource Information

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Services</th>
<th>Insurance</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Systems Inc.</td>
<td>Cleanings, Fillings, Ex extractions</td>
<td>Medi-Cal, IEHP, Molina</td>
<td>(951) 571-2365</td>
</tr>
<tr>
<td>Moreno Valley Family Health Center</td>
<td>Moreno Valley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonhood Healthcare</td>
<td>Cleanings, Fillings, Addit services</td>
<td>Medi-Cal, Sliding fee</td>
<td>1 (833) 867-4642</td>
</tr>
<tr>
<td>Hemet, Escondido, Ramona Valley and Lakeside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North County Health Services</td>
<td>Cleanings, Fillings, Addit services</td>
<td>Medi-Cal, IEHP, Molina</td>
<td>(951) 956-2400</td>
</tr>
<tr>
<td>Perris, San Marcos, Ramona and Oceanside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Riverside Free Clinic</td>
<td>Cleanings, Fillings, Ex extractions</td>
<td>Free services</td>
<td><a href="http://www.riversidefreeclinic.com">www.riversidefreeclinic.com</a></td>
</tr>
<tr>
<td>Riverside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinicas de Salud del Pueblo</td>
<td>Cleanings, Fillings, Addit services</td>
<td>Medi-Cal, IEHP, Molina</td>
<td>(951) 599-8403</td>
</tr>
<tr>
<td>Hemet, Mecca, Brawley, Calexico and El Centro</td>
<td></td>
<td></td>
<td>(760) 396-9521</td>
</tr>
<tr>
<td>University Community Health Center</td>
<td>Cleanings, Fillings, Extract</td>
<td>Medi-Cal, IEHP, Molina</td>
<td>(951) 224-6230</td>
</tr>
<tr>
<td>Riverside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vista Community Clinic</td>
<td>Cleanings, Fillings, Ex extractions, Addit services</td>
<td>Medi-Cal, IEHP, Molina, Delta Dental PPO</td>
<td>(951) 252-2720</td>
</tr>
<tr>
<td>Lake Elsinore</td>
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**Need help finding a dentist that accepts Medi-Cal?**

Medi-Cal now covers dental benefits. Learn more about what services you may qualify for and how to find a dentist that accepts Medi-Cal at www.smilecalifornia.org.

**Need help finding medical, dental or other services in the Inland Empire?**

ConnectIE is a FREE, one-stop website that makes it easy to find community resources: food pantries, housing, healthcare and other services from your phone or computer. Visit connectIE.org for more information.
## Appendix D

### ORAL HEALTH DATA WORKSHEET

**2019-2020 Reporting School Year**

<table>
<thead>
<tr>
<th>SCHOOL:</th>
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<th>CDX CODE</th>
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<th>PERIOD COVERED</th>
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### GRADES

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<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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<tbody>
<tr>
<td>Number of Pupils First Year Attending Public School</td>
<td>Number of Pupils Proof of Assessment</td>
<td>Number of Pupils COULD NOT COMPLETE DUE TO FINANCIAL BURDEN</td>
<td>Number of Pupils COULD NOT COMPLETE DUE TO LACK OF Access TO DENTAL HEALTH PROFESSIONAL</td>
<td>Number of Pupils COULD NOT COMPLETE DUE TO LACK OF PARENTAL CONSENT</td>
<td>Number of Pupils ASSESSED WITH Untreated Decay</td>
<td>Number of Pupils WHO DID NOT RETURN ASSESSMENT FORM OR WAIVER</td>
<td>Number of Pupils ASSESSED WITH CARIES EXPERIENCE</td>
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<td>Kindergarten</td>
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<tr>
<td>1st Grade (Did not attend public school kindergarten)</td>
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**Signature of Individual Completing Report**

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Education Code Section 49452.8 states that all school districts shall, by May 31st of each year, submit a report to the County Office of Education of the county in which the school district is located.

To access SCOCR (System for California Oral Health Reporting)
https://www.ab1433.org/
Appendix E

Kindergarten Oral Health Assessment Checklist and Timeline

Staff Responsible ___________________________ Year ______________

☐ Review Kindergarten Oral Health Assessment (KOHA) Handbook

☐ Begin distribution of KOHA Forms at enrollment or within 1st month of school

☐ Assist families with access to care if needed (see San Joaquin County Resource Form)

☐ Collect completed KOHA Forms by May 31 of each year

☐ Enter oral health data in SCOHR or complete Oral Health Data Worksheet and submit to district office by last day of school (Last Day of School: ______________)

| JUL  | Begin distribution of Assessment Form with Parent Letter |
| SEPT | September – May: Conduct oral health assessments |
| MAY  | May 31: Last day to collect Assessment Forms |
| JUN  | June/Last day of school: Enter oral health data into SCOHR or submit Oral Health Data Worksheet to district office |
| JUL  | July 1: Deadline to input data into SCOHR |

Where to Go For Resources

Oral Health Assessment Forms (English and Spanish)
Parent Letters (English and Spanish)
Oral Health Data Worksheet
Riverside County Dental Resource Form
Checklist and Timeline
https://www.rivcoips.org/