San Mateo County Kindergarten Oral Health Assessment Aggregate Data Form

District: _____

School: _____   **School year:** _____

*CA state policy requires the reporting of this aggregate oral health data to the **County Office of Education each year.** This data is totaled from completed KOHA forms/waivers, and other school data.*

*To report the data to COE, enter it into the online KOHA database, **"System for California Oral Health Reporting" (SCOHR):** https://www.ab1433.org/home/overview.* **This form mirrors the form in SCOHR exactly. In SCOHR, go to:** "Data input" (drop down menu)→ Data quick input form→ Click on the pencil icon next to your school name→Fill in the items below→ Submit

Students eligible to receive KOHA: *All **kindergartners,** and any **first grader enrolled in public school for the first time.***

KOHA forms due to school AT THE LATEST by: **May 31st.**

Aggregate data due in SCOHR by: **July 1st**

Please note: Line 1 should equal the sum of Lines 2-9. Line 2 should equal the sum of Lines 13-15.

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. **Waivers (Lines 3-8).** 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 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 the school**.	
10. The total number of **On-Site Dental Screenings Opt Out (signed).**	
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.**	

13. **Treatment Urgency (Lines 13-15):** 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.**	
18. **Did the child receive treatment (Lines 18-20)?** The total number of **Yes.**	
19. The total number of **No.**	
20. The total number of **I Don't Know.**	

Form completed by (First name, Last name): _____

Data entered into SCOHR by (First name, Last name): _____

Date data entered into SCOHR: _____