

# 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 8 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 staff by:*** **May 31<sup>st</sup>**

***Aggregate data due in SCOHR by:*** **July 1<sup>st</sup>**

1. <b>Total eligible:</b> Total number of students at the school <b>eligible for the assessment</b> (all kindergartners and first graders enrolled in public school for the first time)	
2. <b>PoA (Proof of Assessment):</b> Total number of students presenting <b>proof of an assessment</b> (completed KOHA, signed by a dental professional)	
3. <b>Waived FB (Financial Burden):</b> Total number of students that presented a <b>waiver due to financial burden</b>	
4. <b>Waived ND (No Dentist):</b> Total number of students that presented a <b>waiver due to lack of access</b> to a dental professional, dental clinic, etc.	
5. <b>Waived NC (Non-Consent):</b> Total number of students that presented a <b>waiver to do non-consent by parents/ guardians</b>	
6. <b>Not Returned:</b> Total number of students that did not return <b>either a proof of an assessment (completed assessment) or a waiver</b> to the school	
7. <b>Assessed UD (Untreated Decay):</b> Total number of students who had <b>untreated decay</b>	
8. <b>Total CE (Caries Experience):</b> Total number of students who had <b>caries experience</b>	

Form completed by (First name, Last name): \_\_\_\_\_

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

Date data entered into SCOHR: \_\_\_\_\_