



KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK



2022 - 2023

SACRAMENTO COUNTY
PUBLIC HEALTH



KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK

Please note: While most schools and districts have distributed the original forms during Spring enrollment, the updated forms are now available on the System for California Oral Health Reporting (SCOHR) <https://www.ab1433.org/home/reporting> as of July 2022.

It is possible that both forms may be in use this school year. Sacramento County Oral Health Program (SCOHP) will keep its partners informed as more information becomes available during SCOHR trainings.

For questions or additional copies, please contact:

Sacramento County
Department of Health Services
Oral Health Program - Division of Public Health
9616 Micron Ave., Suite 670
Sacramento, CA 95827

Email: oralhealth@saccounty.net

Website: www.saccountyoralthhealth.net

Phone: 916-875-5869

TTY: 877-835-2929

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KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK

SACRAMENTO COUNTY PUBLIC HEALTH

Purpose

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

What are the intended impacts of the oral health assessment?

Tooth decay affects 61 percent 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 American Academy of Pediatrics states that the number one chronic disease affecting young children, early childhood caries (dental decay and cavities), is five times more common than asthma. 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 the assurance 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 (Document A) or Waiver (Document B) 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 strategic plans to meet community needs.

School-Based Oral Health Programs

School-based oral health programs are examples of collaborative partnerships formed to improve access to preventive oral health services in Sacramento County. Services provided by school-based programs include oral health screenings and application of fluoride varnish. Current school-based oral health programs in Sacramento County provide care-coordination services to assist families in accessing dental care 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 among the lowest 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 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 bit.ly/ab-1433.

SB 379 – Passive Consent

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 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 (Document C) that explains the requirement must accompany the Oral Health Assessment Form, Waiver Form and all 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, Waiver Form and the Oral Health Notification/Parent Letter by visiting <https://www.ab1433.org/home/reporting>.

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 visit the Clearinghouse for Multilingual Documents (CMD) at <https://www.cde.ca.gov/ls/pf/cm/cefcmd.asp>.

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, please see the Sacramento County Dental Resource Information flyer (Document D) for a list of dental care resources available in Sacramento County or contact your child's school for assistance.

Many schools in Sacramento 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 Oral Health Assessment Waiver 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 31st** 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 that include 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 fill out and sign the Oral Health Assessment Waiver Form. Submission of the waiver form should **not** be used to avoid the important responsibility of obtaining dental health care for a child.

Data Collection and Reporting

Sacramento County Oral Health Program

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

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 Section 2 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 31st**.

Option 1: Participating Schools

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

- Enter all data directly into SCOHR by July 1st.

For more information on becoming a participating school and the advantages, please contact SCOHR at scohr@sjcoe.net.

Option 2: Non-Participating Schools

Enter data from Sacramento County KOHA Aggregate data form

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

Timeline Review

- July: begin distribution of KOHA form and parent letter
- September to May: conduct oral health assessments
- May 31st: last day to collect assessment forms
- June/last day of school: enter data into SCOHR or submit Oral Health Data Worksheet to the district office
- July 1st: deadline to enter data into SCOHR

County Office of Education

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

- Confirm that all schools in each district have reported in by July 1.

Document A

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Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:		ZIP Code: 	
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		

Continued on Next Page

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) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
_____ 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

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:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent)	
<input type="checkbox"/> 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.

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.

Document B

California Department of Public Health
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Waiver of Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child the oral health assessment requirement.
Sign and return this form to the school where it will be kept confidential.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:		ZIP code: 	
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: Male Female	
Child's Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		

Continued on Next Page

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):	
<input type="checkbox"/>	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None <input type="checkbox"/> Other: _____
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	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).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____ _____
If asking to be excused from this requirement:	
<input type="checkbox"/> _____ Signature of parent or guardian	MM – DD – YYYY _____ 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.

Document C

July 2022

Oral Health Notification Letter

(Letter to be provided with the Oral Health Assessment Form)

(USE DISTRICT LETTERHEAD AND COMPLETE APPROPRIATE SECTIONS)

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, California law *Education Code* Section 49452.8, requires that your child have an oral health assessment or dental check-up in his or her first year in public school (kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional, and a completed Oral Health Assessment form (attached to this letter) to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. Take the attached form to your child's dentist to complete, if your child had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. You can call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit [Smile California - Find a Dentist \(https://smilecalifornia.org/find-a-dentist/\)](https://smilecalifornia.org/find-a-dentist/) to find a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply by mail, go in person to your local Social Services office, or online at [Apply for Medi-Cal. \(https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx\)](https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx)
2. For additional resources that may be helpful, contact your local public health department, click [Apply for Health Coverage \(https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx\)](https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) to find yours.

When you take your child to the dentist, bring the attached form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement form, and return the form.

Please return the form to (insert school-specific information to return form). Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or on-line from the [California Department of Education. \(https://www.cde.ca.gov/ls/he/hn/oralhealth.asp\)](https://www.cde.ca.gov/ls/he/hn/oralhealth.asp)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are very important. Children need healthy baby teeth to eat, talk, smile, and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.

Here is important advice to help your child stay healthy:

- Take your child to the dentist. Dental check-ups can help keep your child's mouth healthy and pain free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

If you have questions about the new oral health assessment requirement, please contact (fill in name of district personnel or office responsible for the program, telephone number and/or e-mail address).

Thank you!

Sincerely,

District Superintendent
Attachment

SACRAMENTO COUNTY DENTAL RESOURCE INFORMATION

AGENCY/ORGANIZATION/WEBSITE	PHONE NUMBER	SERVICES
ACCESS TO CARE		
MEDI-CAL MANAGED CARE HEALTH CARE OPTIONS	800.430.4263 TTY: 800.735.2922	Call to find a dental plan or change dental plans.
SACRAMENTO COVERED SacramentoCovered.org	866.850.4321	Assistance in locating free or low-cost health insurance for children and adults.
SACRAMENTO DISTRICT DENTAL SOCIETY SDDS.org	916.446.1211	Dental referrals for children and adults.
SMILE, CALIFORNIA SmileCalifornia.org	800.322.6384	Learn more about free or low-cost dental services.
MEDI-CAL DENTAL PLANS		
Access Dental Plan	877.821.3234	
Health Net Dental Plan	877.550.3868	
Liberty Dental Plan	877.550.3875	Text TALK to 22925 for more information.
CONSUMER ASSISTANCE CENTERS		
Beneficiary Dental Exception (BDE)	855.347.3310	Call if having trouble making an appointment.
Department of Managed Health Care	888.466.2219	Call with complaints or unresolved grievances.
DENTAL CLINICS – Fees based on income. Medi-Cal Dental accepted.		
ELICA HEALTH CENTERS ElicaHealth.org	855.354.2242	1) 1750 Wright Street, Sacramento, CA 95825 2) 3701 J Street, Suite 201, Sacramento, CA 95816
ONE COMMUNITY HEALTH OneCommunityHealth.com	916.443.3299	1) 1500 21 st Street, Sacramento, CA 95811 2) 1442 Ethan Way, Sacramento, CA 95825
SACRAMENTO COMMUNITY CLINIC (HALO) HaloCares.org	916.642.1867	1) 5524 Assembly Court, Sacramento, CA 95823 2) 2138 Del Paso Blvd., Sacramento, CA 95815 3) 7275 E. Southgate Dr., #204-206, Sacramento, CA 95823 4) 3030 Explorer Dr., Sacramento, CA 95827
SACRAMENTO NATIVE AMERICAN HEALTH CENTER SNAHC.org	916.341.0575	2020 J Street, Sacramento, CA 95811
WELLSPACE HEALTH WellSpaceHealth.org	916.822.8958 Follow prompts for desired location	1) 8233 E. Stockton Blvd., Suite D, Sacramento, CA 95828 2) 216 North Lincoln Way, Galt, CA 95632 3) 3415 MLK Jr. Blvd., Sacramento, CA 95817 4) 3535 65 th Street, Building C, Sacramento, CA 95820 5) 10423 Old Placerville Rd., Rancho Cordova, CA 95627 6) 6015 Watt Ave., Suite 2, North Highlands, CA 95660
DENTAL SERVICES ON COLLEGE CAMPUSES		
CARRINGTON COLLEGE DENTAL HYGIENE CLINIC	916.361.5168	Free dental cleanings, fluoride applications, pit and fissure sealants, x-rays and oral hygiene instruction.
SACRAMENTO CITY COLLEGE DENTAL HYGIENE CLINIC scc.losrios.edu/dentalhealthclinic	916.558.2303	Low-cost dental cleanings, fluoride applications, pit and fissure sealants, x-rays and oral hygiene instruction.
SACRAMENTO COUNTY PROGRAMS		
CALIFORNIA CHILDREN'S SERVICES (CCS)	916.875.9900	Support for dental services under general anesthesia for clients that meet CCS criteria.
CHILD HEALTH & DISABILITY PREVENTION (CHDP) dhs.saccounty.net/PUB/CHDP	916.875.7151	Free health program committed to helping babies, children and teens receive preventive health care.

Sacramento County Oral Health Program
916.875.5869

SacCountyOralHealth.net



INFORMACIÓN DE RECURSOS DENTALES DEL CONDADO DE SACRAMENTO

AGENCIA / ORGANIZACIÓN / SITIO WEB	NÚMERO DE TELÉFONO	SERVICIOS
ACCESO A CUIDADO		
MEDI-CAL MANAGED CARE HEALTH CARE OPTIONS	800.430.4263 TTY: 800.735.2922	Llame para buscar un plan dental o para cambiarse a otro plan dental.
SACRAMENTO COVERED SacramentoCovered.org	866.850.4321	Asistencia para encontrar un seguro médico gratuito o de bajo costo para niños y adultos.
SACRAMENTO DISTRICT DENTAL SOCIETY SDDS.org	916.446.1211	Referencias dentales para niños y adultos.
SMILE, CALIFORNIA SmileCalifornia.org	800.322.6384	Obtenga más información sobre los servicios dentales gratuitos o de bajo costo.
PLANES DE MEDI-CAL DENTAL		
Access Dental Plan	877.821.3234	
Health Net Dental Plan	877.550.3868	
Liberty Dental Plan	877.550.3875	Envíe un texto con "HABLAR" al 22925 para obtener más información.
CENTROS DE ASISTENCIA AL CONSUMIDOR		
Beneficiary Dental Exception (BDE)	855.347.3310	Llame si tiene problemas para hacer una cita.
Department of Managed Health Care	888.466.2219	Llame para presentar quejas o reclamos no resueltos.
CLÍNICAS DENTALES – Tarifas basadas en ingresos. Se acepta Medi-Cal Dental.		
ELICA HEALTH CENTERS ElicaHealth.org	855.354.2242	1) 1750 Wright Street, Sacramento, CA 95825 2) 3701 J Street, Suite 201, Sacramento, CA 95816
ONE COMMUNITY HEALTH OneCommunityHealth.com	916.443.3299	1) 1500 21 st Street, Sacramento, CA 95811 2) 1442 Ethan Way, Sacramento, CA 95825
SACRAMENTO COMMUNITY CLINIC (HALO) HaloCares.org	916.642.1867	1) 5524 Assembly Court, Sacramento, CA 95823 2) 2138 Del Paso Blvd., Sacramento, CA 95815 3) 7275 E. Southgate Dr., #204-206, Sacramento, CA 95823 4) 3030 Explorer Dr., Sacramento, CA 95827
SACRAMENTO NATIVE AMERICAN HEALTH CENTER SNAHC.org	916.341.0575	2020 J Street, Sacramento, CA 95811
WELLSPACE HEALTH WellSpaceHealth.org	916.822.8958 Follow prompts for desired location	1) 8233 E. Stockton Blvd., Suite D, Sacramento, CA 95828 2) 216 North Lincoln Way, Galt, CA 95632 3) 3415 MLK Jr. Blvd., Sacramento, CA 95817 4) 3535 65 th Street, Building C, Sacramento, CA 95820 5) 10423 Old Placerville Rd., Rancho Cordova, CA 95627 6) 6015 Watt Ave., Suite 2, North Highlands, CA 95660
SERVICIOS DENTALES EN CAMPUS UNIVERSITARIOS		
CARRINGTON COLLEGE DENTAL HYGIENE CLINIC	916.361.5168	Limpiezas dentales, aplicaciones de fluoruro, selladores de fosas y fisuras, radiografías e instrucciones sobre la higiene bucal, gratis.
SACRAMENTO CITY COLLEGE DENTAL HYGIENE CLINIC scc.losrios.edu/dentalhealthclinic	916.558.2303	Limpiezas dentales, aplicaciones de fluoruro, selladores de fosas y fisuras, radiografías e instrucciones sobre la higiene bucal, de bajo costo.
PROGRAMAS DEL CONDADO DE SACRAMENTO		
CALIFORNIA CHILDREN'S SERVICES (CCS)	916.875.9900	Apoyo para servicios dentales bajo anestesia general para clientes que cumplen con los criterios de CCS.
CHILD HEALTH & DISABILITY PREVENTION (CHDP) dhs.saccounty.net/PUB/CHDP	916.875.7151	Programa de salud gratuito comprometido a ayudar a bebés, niños y adolescentes a recibir cuidado médico preventivo.

Sacramento County Oral Health Program
916.875.5869

SacCountyOralHealth.net



Document E

Sacramento 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>.

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 31st**

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

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

Form completed by (first name, last name): _____

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

Date data entered into SCOHR: _____