



Dear School Health Professional,

At the Delta Dental of Arkansas Foundation, we understand the role that schools play in promoting good habits in oral health and overall health. **Super Smiles at School, our school-based Mini Grant opportunity, seeks to expand oral health education and treatment.** We partner with early childhood centers and public schools to directly impact Pre-K through 12th grade students.

Studies show that oral health is directly linked to improved academic success. Children with poor oral health are three times more likely to have chronic absenteeism from school and lower academic performance, due to dental pain. That's why educating our children early on about good oral health habits is so important. Although largely preventable, tooth decay remains the most common chronic disease in the United States.

As a Super Smiles participating school, we have developed an oral health toolkit for your use. After receiving approval from a trained physician, a licensed school health professional can complete fluoride varnish applications for students at your school under the supervision of that physician. The toolkit has resources that are beneficial for educators and school health professionals, as well as educational materials that can be shared with children and parents, including:

For Children and Parents:

- Oral Risk Assessment Permission Form
- Your Child's Dental Screening Results Form
- Oral Health Coloring Book (upon request)

Thank you for your commitment to improving children's oral health. To learn more about the Delta Dental of Arkansas Foundation or access additional school based oral health resources, visit www.DeltaDentalAR.com/Foundation/delta-dental-foundation.

Sincerely,

A handwritten signature in black ink that reads "Christy Chatham".

Christy Chatham, Executive Director
Delta Dental of Arkansas Foundation

Thank you to our Super Smiles at School Partners:





Fluoride Varnish Application Rules and Regulations Checklist

- Review [Act 90](#)
- Identify supervising physician for fluoride application
- Document supervising physician's completion of training
- Document supervising physician's delegation of fluoride varnish application to a nurse/nurses or licensed health care professional(s)
- All nurse/licensed health care providers involved in conducting risk assessments and/or fluoride varnish application MUST complete training for dental caries risk assessment and fluoride varnish application.
 - Website for training:
https://www.healthy.arkansas.gov/images/uploads/pdf/Fluoride_Varnish_training.pdf
 - In-person training with the Office of Oral Health will also be accepted
- Include the certificate of training for each physician and licensed professional who will apply the fluoride varnish.
- Complete Supervision Agreement
- Upload certificate and supervision agreement to grant application



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Fluoride Varnish Physician & Licensed Healthcare Professional Supervision Agreement

I, {supervising physician name here}, associated with {practice name here} allocated at {practice address here} have completed training on Dental Caries Assessment and Fluoride Varnish Application approved by the Department of Health/Office of Oral Health. My signature below signifies I agree to supervise {name of nurse/licensed health professional here} and delegate fluoride varnish application at {name of school here} on or from {Date range here}.

*If more than one individual will be delegated to complete the risk assessment and apply fluoride varnish, please attach a complete list of individuals with signatures and date.

Signature of Supervising Physician

Date

Signature of Nurse/Licensed Healthcare Professional

Date



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Oral Risk Assessment Form

Child's Name:	Grade:
School:	
Teacher:	

RECORD OF RISK ASSESSMENT AND FLUORIDE VARNISH APPLICATION

1. Does the child complain of tooth pain and/or swelling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Does the child have tooth decay and/or fillings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does the child have visible plaque on the teeth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Does the child need a dental referral?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Does the child need URGENT dental care*? (Yes, if 1 and 2 are checked) *Urgent - children who need to visit a dentist within 48 hours	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTES:

Signature of Clinician

____ \ ____ \ ____

Date

If a referral is needed, please complete this section.

Referral occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO	Urgent care needed? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Check all forms of referral:

<input type="checkbox"/> Letter and list of dental resources sent home with student.
<input type="checkbox"/> Phone call to parents.

Initials of person providing follow-up: _____



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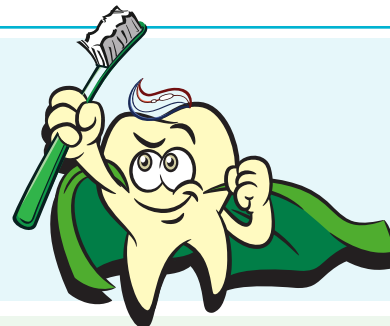
Free Oral Health Assessment & Fluoride Treatments Permission Form

You must fill out and return this permission form by _____
If you want your child to get these free service.

A trained school nurse will provide these services.

What free services can my child get at school?

- 2 free oral health assessments (to check for cavities and other tooth or gum problems in your child's mouth)
- 2 free fluoride treatments (a natural vitamin for teeth) to keep your child's teeth strong.



Who are these services for?

These services are for children who do not see a dentist regularly. If your child already sees a dentist, this program is not for them.

Keep seeing your regular dentist! If you need a dentist, call: _____.

How can healthy teeth help my child?

Healthy teeth can help your child:

- Stay healthier and have less sick days
- Do better in school (fewer days missed because of illness, better able to focus)
- Have shiny smiles they can be proud of

What happens after my child gets these services?

You will get a copy of your child's results and a referral to a local dental clinic, if needed.

How do I sign my child up?

You must fill this out and give it to your child's teacher by: _____.

When will my child get these services?

The nurse will give these services on these dates: _____ and _____.

Yes!

My child has permission to get 2 risk assessments with fluoride treatments at school.

My child has permission to get only the 2 risk assessments at school. Do not give my child fluoride treatments.

Child's Name: _____ Grade: _____

School: _____ Teacher: _____

Parent/Legal Guardian: _____ Telephone: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Please tell us about your child's tooth care habits: My child usually brushes teeth _____ times a day

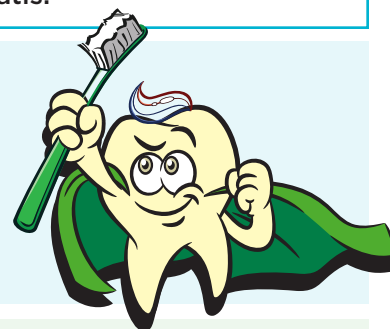
Permiso para Examen Dental y Tratamiento de Fluoruro Gratis

Debe completar este permiso para el día _____
si usted quiere que su niño(a) reciba estos servicios gratis.

Una enfermera capacitada va a proporcionar estos servicios.

¿Qué servicios gratis puede recibir mi niño(a) en la escuela?

- 2 exámenes dentales gratis (para revisar si hay caries y otros problemas de encías o de dientes en la boca de su niño(a))
- 2 tratamientos de fluoruro gratis. Fluoruro es una vitamina, para mantener los dientes fuertes.



¿Para quién son estos servicios?

Estos servicios son para los niños que no visitan a un dentista con regularidad. Si su niño(a) ya visita a un dentista, este programa no es para ellos.

¡Siga visitando a su dentista regular! Si necesita un dentista, llame al: _____.

Los dientes sanos pueden ayudar a mi niño(a):

- A estar más sano y estar menos días enfermo
- A que le vaya mejor en la escuela (perderá menos días de clases debido a problemas de natales y podrá enfocarse más).
- A tener sonrisas brillantes de las que pueden estar orgullosos

¿Qué pasa después de que mi niño(a) reciba estos servicios?

Usted va a recibir una copia de los resultados de su niño(a) y si es necesario, una referencia a una clínica dental local.

¿Cómo registro a mi niño(a)?

Usted debe completar este permiso y dárselo al maestro(a) de su niño(a) para el día: _____.

¿Cuándo va a recibir mi niño(a) estos servicios?

La enfermera le dará estos servicios en estas fechas: _____ y _____.

¡Si!

Mi niño(a) tiene permiso para recibir los 2 exámenes dentales con tratamientos de fluoruro en la escuela.

Mi niño(a) sólo tiene permiso para recibir los 2 exámenes dentales en la escuela. No le den a mi niño(a) tratamientos de fluoruro.

Nombre del Niño(a) _____ Grado: _____

Escuela: _____ Maestro(a): _____

Padre de Familia/Guardián Legal: _____ Teléfono: _____

Firma del Padre de Familia/Guardián Legal: _____ Fecha: _____

Por favor cuéntanos sobre los hábitos de cuidado de los dientes de su hijo.

Mi hijo/hija generalmente se cepilla los dientes _____ veces al día.

ORAL RISK ASSESSMENT & FLUORIDE VARNISH CHECKLIST




PRE ASSESSMENT



- Select a date** for your oral health event.
 - Share the options provided by the Office of Oral Health with your principal.
 - Add the date to school calendar.



- Advertise as an opportunity for students who do not have a dentist to receive FREE oral care.**
 - Send an email to teachers regarding the event. Request their assistance in distributing and collecting consent forms.
- Send parent consent/permission forms home** to all students in the participating grades.
 - Allow one week to return.
 - Make copies available at the front office.
- Contact parents** before the date of your oral health event to notify them that free dental services are available and to complete and return the consent/permission form.
 - Script for Phone Blast: "Good evening, parents. [Insert school] will be offering FREE dental services on [insert date]. Check your child's backpack for more information."



If you have access to a parent communication app, such as ClassDojo, feel free to send a message to parents!



- Collect forms**, sort by grade.
 - GOAL is to make sure 100% of the forms are returned.
 - Review forms for parent questions. Call parents if needed.



- Notify the Office of Oral Health** how many varnishes will be done.
- Dental Supplies** will be sent to school from Health Services office (not warehouse). Varnish, gauze, gloves and forms will be sent to your school five days before your dental service date. Extra varnish (10 -15) will be sent to accommodate students who return permission forms late.



- Follow up** with reminder phone calls one week before the date.



- Communicate with teachers.** Send out email to teachers describing the assessment process. Be sure to remind teachers about instructing students to try to avoid eating hard foods or drinking hot beverages after varnish is applied.

ASSESSMENT DAY



SET UP STATIONS

Arrange several stations based on the number of helpers available. Each station should include:

- 1 Table with 3 chairs (one for student, one for clinician, one for recorder).
- Trash can with liner by the student chair.
- A clean table with disinfectant.
- Have the following necessary supplies and forms on the table: Paper towels or tissue (for cleaning mouth after student spits), surgical mask, tongue depressors, gloves, pen lights.



STEPS OF DENTAL SERVICE

- Clean hands with hand sanitizer.**
- Don gloves.**
- Welcome student.**
 - Tell the student that the varnish is bubblegum flavored and you're going to paint their teeth!
- With pen light in one hand,** gauze and applicator/ tongue blade ready, have student open their mouth and assess for decay, fillings, and excess redness.
- Dry teeth with gauze.**
- Apply fluoride varnish.**
- Allow student to spit in trash can, if needed.**
- Instruct student to try to avoid any hard foods/candy/chips** or hot beverages.
- Hand student the Oral Health Risk Assessment Results** to go home in their backpack.
- Wipe table down** with disinfectant after assessment.



FOLLOW UP

- Contact parents** to inform them that their child received a screening and provide instructions with recommended next steps.
- Plan another date** within the week for serving the students who were absent.
- Submit the Oral Risk Assessment and Varnish Report** to the Office of Oral Health by the end of the semester.
- Focus on follow up from referrals.**
- Return unused varnish** to the Office of Oral Health by mail.