



PUBLIC HEALTH MANUAL
DHEC SCHOOL-BASED DENTAL
PREVENTION PROGRAM

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Division of Oral Health
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Purpose

The purpose of the Public Health Program Manual for the South Carolina Department of Health and Environmental Control (DHEC) School-Based Dental Prevention Program (SDPP) is to provide the dental programs that enter into a Memorandum of Agreement with DHEC with clearly stated expectations and standards for the DHEC SDPP. The Memorandum of Agreement and the manual are utilized for evaluating the DHEC SDPP statewide effort and the individual programs that comprise it.

Regulatory Compliance

South Carolina State Board of Dentistry regulates the practice of dentistry. The 2003 Dental Practice Act established the South Carolina Department of Health and Environmental Control's role in coordination of a public health dental prevention program using public-private partnerships to deliver preventive dental services in public health settings that address the needs of priority populations identified by standard public health principles. Section 40-15-110 of the Dental Practice Act refers to DHEC and the delivery of preventive dental services through a public health dental prevention program of the Dental Practice Act can be accessed at: <http://www.scstatehouse.gov/code/t40c015.htm> The only setting for which DHEC has established for the public health program is the South Carolina's public schools.

Supervising Dentist

According to the Dental Practice Act, Section 40-15-85, E: "A dentist billing for services for treatment provided by a dental hygienist in a public health setting with the Department of Health and Environmental Control as provided for in Section 40-15-110, is the provider of services and is clinically responsible for the care and treatment of the patient." Each program provides DHEC with 1) Documentation of the name/s of the Supervising Dentist/s and 2) the completed Standing Orders for Dental Hygienists and if applicable, Dental Assistants that have been signed by the Supervising Dentist. Standing orders are to be submitted prior to the final execution of the Memorandum of Agreement.

The SCDHEC School-Based Dental Prevention Program through the Memorandum of Agreement with the programs, requires each program to employ a South Carolina licensed dentist who resides in South Carolina to provide supervision of the dental hygienists and dental assistants that provide dental preventive services consistent with those set forth by the Dental Practice Act 2003, Section 40-15-110 (Table 1).

Supervision of the dental hygienists (DH) and the dental assistants (DA) employed in DHEC SBDPP includes the following:

1. Continuous availability of direct communication in person or by radio, telephone or telecommunication between the DH/DA and a licensed dentist.
2. The development and implementation of a supervision protocol for the DH/DA including predetermined clinical duties and drug protocol.
3. Provide oversight in the development and implementation of all program policies.

If the supervising dentist is terminated, the SDPP must immediately notify DHEC, and all services provided under the MOA must be suspended until a new agreement is fully executed between a supervising dentist and SDPP.

Scope of Practice for SC School-Based Public Health Dental Prevention Program Dental Hygienists and Dental Assistants

Below is a chart produced by the SC Board of Dentistry detailing the dental services that apply to dental hygienists and dental assistants working under general supervision with a DHEC MOA for the delivery of school-based dental prevention dental services. For the entire document, access at: <http://www.llr.state.sc.us/POL/Dentistry/PDF/2009FallNewsletter.pdf>

Table 1: Public Health Dental Prevention Program-Applicable services for dental hygienists and dental assistants.

Procedure	Dental Hygienist	Expanded Duty Dental Assistant	Dental Assistant
Oral prophylaxis and assessment	✓		
Application of topical fluoride including varnish.	✓	✓	✓
Exposure and process of radiographs as directed by standard office protocol.	✓		
Application of dental sealants	✓		
Oral screenings using DHEC approved screening system	✓	✓	✓
Assist in the delivery of public health dental program services as defined in 40-15-110(E): oral screenings using DHEC approved screening system, oral prophylaxis, application of topic fluoride including varnish, and application of dental sealants. 40-15-110(G)	✓	✓	✓
Perform other duties authorized by regulations of the State Board of Dentistry.	✓	✓	✓

Mobile Dental Facilities and Portable Dental Operations

Please access the following document that contains Regulations Section 39-18 for Mobile Dental Facilities and Portable Dental Operations. In 2009, the Board of Dentistry added Regulation 39-18 to implement Section 40-15-172 of the 1976 Code of Laws of South Carolina, regarding requirements of mobile dental facilities and portable dental operations by defining terms and providing for the issuance and renewal of registration.

This regulation applies to an organization or dental practice utilizing a licensed dentist or dental hygienist to operate a mobile dental facility or portable dental operation who:

1. provides dental or dental hygiene services; and,
2. does not have a physically stationary office at the location where the services are provided.

Access entire document at: <http://www.llronline.com/POL/Dentistry/PDF/MobilePortRegs.pdf>

DHEC School-Based Dental Prevention Program Operation

Since the inception of the program following the Dental Practice Act 2003 changes, South Carolina Department of Health and Environmental Control (DHEC) has developed, implemented and evaluated parameters for the operation of the DHEC School Dental Prevention Program (SDPP) in order to increase access to preventive dental services for children in South Carolina public schools to provide dental assessment, preventive interventions and need-based dental referrals.

Policy and Procedures

Each DHEC SDPP will maintain the following policy and procedures:

1. Infection control procedure, including exposure control (federal requirement)
2. Hazard communications (federal requirement)
3. HIPPA Privacy Notice
4. Patient Registration and Parent Consent Form
5. Referral procedures
6. Supervision protocol
7. Data management
8. Quality assurance plan including sealant application and sealant retention checks –short and long term.

Refer to the Safety Net Dental Clinic Manual, Chapter 4 Clinic Operations for information and examples. Access at: <http://www.dentalclinicmanual.com/menu.html>.

Parent/Patient Forms

A packet or CD containing a copy of all forms (for example: consent form, HIPAA notice, etc.) utilized by the program will be submitted to DHEC with signed Memorandum of Agreement.

Infection Control

Programs must adhere to OSHA and MIOSHA standards as well as to CDC guidelines on infection control and hand washing.

Resources to utilize in the development of policy and procedures for infection control are:

- ✓ CDC Infection Control Recommendations for Dentistry—Access at: <http://www.cdc.gov/oralhealth/InfectionControl/guidelines/index.htm>
- ✓ CDC Hand Hygiene Information—Access at: <http://www.cdc.gov/oralhealth/InfectionControl/faq/hand.htm>
- ✓ ADA Statement on Infection Control in Dentistry—Access at: <http://www.ada.org/1857.aspx>
- ✓ Occupational Safety and Health Administration (OSHA) regulations and interpretations—Access at: <http://www.osha.gov/SLTC/dentistry/index.html>
- ✓ IC Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment – OSAP. Access at: <http://www.osap.org/?page=ChecklistPortable#checklist>

A CDC slide presentation provides recommendations for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. Access at: <http://www.cdc.gov/oralhealth/InfectionControl/guidelines/ppt.htm> .

Schools Eligible to Participate with the DHEC School Dental Prevention Program

The schools eligible for participation in this program are those with 40 percent (40%) or higher enrollment in the reduced/free lunch program and/or Medicaid eligible students as reported by the “South Carolina Students on Free-Reduced Lunch and/or Medicaid Data Based on Precode and Medicaid Eligibility File.” Preventive dental services may be delivered in a school on this list as part of the DHEC SDPP program.

Waiver Criteria

A school that does not meet the qualifying criteria must submit a waiver request identifying based on documented evidence of unmet oral health needs of their students as outlined in the chart below.

Table 2: Community Needs Assessment: Evidence of Unmet Dental Needs

<i>Waiver Matrix</i>	
<i>Category of data</i>	<i>Source of data</i>
<p>1. Demographic Data How many children are eligible for school lunch program?</p>	<p>✓ Through local school district ✓ http://ed.sc.gov/agency/offices/tech/erate/</p>
<p>2. Oral Health Status Dental Screening (ASTDD BSS) Caries Experience (tooth decay – treated and untreated) Untreated Caries (tooth decay) Treatment Urgency Dental Sealant presence</p>	<p>Oral Health Needs Assessment 2008 –Regions and State School Level: Basic Screening Survey—Kindergarten and 3rd Grade —“Gold Standard”</p>
<p>3. Perceived Need for Dental Care Perceptions of the following: Consumers (accessibility, acceptability, affordability); Oral health care providers (dentists, dental hygienists); School personnel (teachers, nurses, principals); Health care providers (pediatricians, clinic providers, etc); Local leaders (elected officials, community leaders, etc).</p>	<p>Surveys conducted in the school and community Interviews with community leaders</p>
<p>4. Dental Health Professional Shortage Area Designation Dental Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of dental providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).</p>	<p>http://bhpr.hrsa.gov/shortage/dental1.htm http://www.dhec.sc.gov/health/opc/hpsa.htm</p>

<i>Waiver Matrix</i>		
<i>Category of data</i>		<i>Source of data</i>
5.	Medicaid and SCHIP Coverage Utilization of dental services by Medicaid and SCHIP eligibles; Local Dentists participation in Medicaid/SCHIP.	Contact DHHS Medicaid Department

SDPP District and School List

SDPP will provide DHEC with the list of districts and schools that they plan to deliver school-based preventive dental services by September 1st of each school year. Each SDPP will receive a list of schools for their specific district/s from DHEC. Please designate the specific schools the SDPP plans to serve in the upcoming school year. Send completed SDPP District and School List to K. Gambrell by email (Oralhealth@dhec.sc.gov) by September 1st of each school year.

School Entry Form

The SDPP will email or fax the School Entry Form to DHEC **prior** to entry into each school for **each** service period. This form should be submitted by fax or e-mail **one (1) business day prior** to the **first** day that a program begins providing services in a school. A separate form should be submitted **each time** the program begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least a month) between prior sessions at the **same school** in the **same school year**. The School Entry Form includes: 1) name of district; 2) school name; 3) BEDS Code for school; and, 4) date(s) of service including the first day of service in the school. Completed School Entry Forms will be e-mailed (oralhealth@dhec.sc.gov) or faxed (803-898-2065) to K. Gambrell **one business day prior** to the first day the DH or DA begins a new school assignment.

Dental Screenings

Students will receive screening for oral disease (the presence of decay, pain, swelling, bleeding, infection, and/or soft tissue lesions) prior to receiving dental preventive services in programs where the hygienist is working under public health general supervision as set forth in the Dental Practice Act 2003, Section 40-15-110. Education, counseling, and referral should be based on the screening results.

All DHEC School-Based Public Health Dental Prevention Programs are required to utilize the Association of State and Territorial Dental Directors-Basic Screening Survey (ASTDD-BSS) protocol for dental screenings for the following circumstances:

1. Prior to provision of preventive dental services delivered by a dental hygienist without a dental exam. (Screening data collected is required to be submitted biannually and addressed in more detail in the Data Management Section of the program manual).
2. As part of school health screenings that include a dental screening component. See South Carolina Department of Education’s Policy Recommendation: Oral Health Screenings in School Settings: Access at: <http://www.scdhec.gov/health/mch/wcs/school/docs/Dental%20Screening%20Guideline%20Final%2007%2021%202008.pdf>

ASTDD-BSS Training Video and supporting materials is available from ASTDD and DHEC. Access to ASTDD Materials: www.astdd.org

Need-Based Dental Referral System

DHEC School-Based Dental Prevention Programs are responsible for developing a comprehensive and nondiscriminatory referral network based on the ASTDD Basic Screening Survey dental treatment urgency categories. All children receive a referral in order to be connected to a local system of dental care and to ensure comprehensive dental care for each child. In addition to the referral form, the SDPP will also provide a list of all practicing dentists within the city and/or geographic area where the child resides and identifies the dentists who participate with the Dental Medicaid Program. A SDPP cannot discriminate against any practicing dentist within the specified area.

Table 3: The needs-based referral system utilizes the following ASTDD BSS codes for the basis of making referrals:

Code	Descriptor	Referral
0	No obvious dental problems	To dentist for a dental exam
1	Early dental care is needed	To dentist within several weeks
2	Urgent/Emergency need for dental care	To dentist within 24 hours

The SDPP are required to follow-up with children identified with “Code 2-Urgent/Emergency need for dental care need” in order to ensure they received needed dental care. In addition, children identified as Code 2 must receive treatment for the urgent conditions before receiving school-based preventive services. Each SDPP is required to submit its Policy and Procedure for Referrals to DHEC which includes strategies and action steps and specific information on how the SDPP documents a completed referral for a Code 2: Urgent/Emergency need for dental care. The Data Collection Template includes a specific section for completion of dental referrals, to be completed and submitted bi-annually.

Public Health Priority: Dental Sealants

Dental sealants are effective in preventing pit and fissure caries and are underused, particularly for high-risk children including vulnerable populations less likely to receive private dental care, such as children eligible for free or reduced-cost lunch programs. Consequently, the delivery of dental sealants is a priority for the DHEC School-Based Public Health Dental Prevention Program.

To be most effective, sealants should be placed on teeth soon after they erupt. High-risk teeth (i.e., those with deep pits and fissures) are the first and second permanent molars that erupt into the mouth around the ages of 6 and 12 years, respectively.

School-based and school-linked sealant delivery programs are strongly recommended on the basis of strong evidence of effectiveness in reducing caries on occlusal surfaces of posterior teeth among children. Access at: <http://www.thecommunityguide.org/oral/oral-ajpm-recs.pdf>
J Am Dent Assoc 2009;140:1356-1365

Sealant Recommendations and Quality Assurance

Consistent with the Dental Practice Act, Section 40-15-85, E: “A dentist billing for services for treatment provided by a dental hygienist in a public health setting with the Department of Health and Environmental Control as provided for in Section 40-15-110, is the provider of services and is clinically responsible for the care and treatment of the patient.” **The remainder of this section is intended as information for the SDPP.**

In 2009, Gooch and et released the recommendations developed by the Centers for Disease Control and Prevention sponsored expert workgroup School-Based Sealant Programs in the Journal of the American Dental Association. These recommendations support policies and practices for school-based dental sealant programs that are appropriate, feasible and consistent with current scientific information.

Table 4: Summary of Recommendations

TOPIC	RECOMMENDATION
Indications for Sealant Placement	Seal sound and noncavitated pit and fissure surfaces of posterior teeth, with first and second permanent molars receiving highest priority.
Tooth Surface Assessment	Differentiate cavitated and noncavitated lesions. <ul style="list-style-type: none">• Unaided visual assessment is appropriate and adequate.• Dry teeth before assessment with cotton rolls, gauze or, when available, compressed air.• An explorer may be used to gently confirm cavitations (that is, breaks in the continuity of the surface); do not use a sharp explorer under force.• Radiographs are unnecessary solely for sealant placement.• Other diagnostic technologies are not required.
Sealant Placement and Evaluation	Clean the tooth surface. <ul style="list-style-type: none">• Toothbrush prophylaxis is acceptable.• Additional surface preparation methods, such as air abrasion or enameloplasty, are not recommended.• Use a four-handed technique, when resources allow.• Seal teeth of children even if follow-up cannot be ensured.• Evaluate sealant retention within one year.

Adapted from: Gooch, BF, Griffin, SO, Miller, S, Sanzi-Schaedel, SM, Mallat, RM, Kumar, J, Lampiris, L, Donly, HH, Hill, LF, Burnsion, D, Siegal, Mark, Fontana, M, Kolvaic, G, Kohn, WG, Rozier, RG, Simonson, BI, Zero, D. “Recommendations and Reviews of Evidence School-Based Sealant Programs”, Journal of the American Dental Association 2009;140;1356-1365. Access article at: <http://jada.ada.org/cgi/content/full/140/11/1356>

DHEC SDPP Sealant Retention Checks for Data Submission

From nine (9) to fifteen (15) months after placement of dental sealants, a sealant retention check will be conducted by the program. Methodology is to be established in collaboration with the Centers for Disease Prevention and Control (CDC).

Sealant Retention Checks—Short Term

Short term sealant retention checks are conducted by the SDPP within several months of sealant placement for early interception of problems with retention of dental sealants related to recent changes in the program such as: dental hygienists who are new to the program, dental hygienists

who do not have a positive track record with sealant placement, and changes to clinical procedures (e.g., equipment, technique or materials).

Sealant Retention Checks—Long Term

Long-term retention checks are performed approximately one year after the initial placement of the sealants and should be part of the SDPP's quality assurance program. Dentists and hygienists who evaluate long-term retention should use their professional judgment when they determine the need for repair or replacement of sealants placed by the program the previous year.

They should consider the following information:

- ✓ Defects in sealant material (e.g., bubbles) do not require repair unless underlying tooth surface is exposed by the defect.
- ✓ Catches in marginal areas do not require repair unless they expose noncleansable caries-prone areas of the fissure system.
- ✓ Although staining at the interface of sealant and enamel does not, of itself, indicate caries, it may suggest an area of microleakage that could benefit from coverage with additional sealant material.
- ✓ Before finalizing a decision on the need for repair of a partially retained sealant, it makes sense to attempt to dislodge the remaining sealant to assure that it cannot be lifted off, thus requiring total replacement. (criteria provided from Dr. Margherita Fontana and Jeffrey Platt; from a National Institutes of Health funded study).

The Dental Sealant Section of this manual has been adapted from the Ohio Department of Health, Bureau of Oral Health Services School-based Dental, January 2009. Access at: <http://www.odh.ohio.gov/odhPrograms/ohs/oral/oral1.asp>

Data Management and Monitoring

Sealant Management Team

The reorganization of the Division of Oral Health has provided the Division of Oral Health (DOH) an opportunity to develop a more effective model for the management of the DHEC School-Based Dental Prevention Program (SDPP), a program created from the Dental Practice Act of 2006 Section 40-15-110. Utilizing a collaborative management approach, the DOH staff has come together as a team to manage the program. The Program Coordinator will coordinate the activities of the Sealant Management Team, a team that implements surveillance and evaluation activities for all five (5) public-private partnerships currently participating in the program. The Director of the Division of Oral Health will participate in the management team, provide training on the ASTDD Basic Screening as needed and provide technical support as needed. Additional members of the Sealant Management Team and their respective duties include: 1) Administrative Assistant, who will provide the DHEC SDPP administrative duties and management of the program inventory database; 2) Dental Consultant, who reviews policies and program operations to ascertain opportunities for quality improvement; 3) Evaluation Consultant, who will work closely with the DOH, the Epidemiologist, and the Office of Research and Statistics to conduct an in-depth analysis of the DHEC SDPP based on objectives from the state oral health plan; and, 4) Education Consultant, who will provide technical assistance in regards to education of the students and parents.

Table 5: Key Management Activities of the DHEC School Sealant Program.

Activity	Person Responsible	Time Frame
Department of Education School Information: <ul style="list-style-type: none"> ✦ Access Free/Reduced Lunch Program participation School List for previous school year ✦ Access list of districts/schools ✦ Send Free/Reduced Lunch Program participation School List to DHEC MOA programs ✦ Send updated districts/schools list to DHEC MOA programs for verification ✦ Return updated school participation lists for school year. 	Epidemiologist Administrative Assistant Administrative Assistant Administrative Assistant DHEC MOA Programs	August each school year August each school year Ongoing
School Participation <ul style="list-style-type: none"> ✦ Schools selected for DHEC MOA program have a participation rate of 40-% or higher with the Free/Reduced Lunch Program. 	Districts/schools	August of each school year or when applicable.

Activity	Person Responsible	Time Frame
<p>School Participation</p> <ul style="list-style-type: none"> ✦ Request waivers for schools below 40% participation with the Free/Reduced Lunch Program using the E-rate School List. ✦ Review criteria and determine eligibility for waiver. 	<p>Districts/schools</p> <p>Sealant Management Team</p>	<p>August of each school year or when applicable.</p>
<p>Memorandum of Agreement:</p> <ul style="list-style-type: none"> ✦ Reviewed annually; changes made if indicated ✦ MOA submitted to Contract Management ✦ MOA prepared and sent with supporting documents including Standing Orders for Dental Hygienists, Dental Assistants, Supervising Dentist Form, and DHEC School Dental Program Manual Receipt Form to DHEC MOA Programs. ✦ MOA are returned to DHEC with all supporting documents. ✦ MOA is fully executed ✦ Any changes in: Standing Orders, Supervising Dentists, new districts or schools require notification to DHEC ✦ Compliance with MOA is monitored by DHEC. 	<p>Sealant Mgmt. Team; DHEC MOA programs Agency Administration</p> <p>DOH Director, Administrative Assistant, Contract Management</p> <p>DHEC MOA Programs</p> <p>Contracting/Agency Leadership DHEC MOA Programs</p> <p>DOH Staff</p>	<p>February</p> <p>March</p> <p>March/April As needed throughout the year.</p> <p>June/July</p> <p>June/July</p> <p>Immediate</p> <p>Ongoing</p>
<p>Oral Health Needs Assessment 2012/13</p> <ul style="list-style-type: none"> ✦ SDPP will cooperate with statewide oral health needs assessment as designated by SC DHEC. ✦ Training for the program management will be provided at the SDPP Annual Meeting. ✦ Training materials will be supplied to SDPP. 	<p>DHEC MOA Programs, DOH Staff</p> <p>DOH Staff</p> <p>DOH Staff</p>	<p>Fall 2012</p> <p>July</p> <p>July</p>

Activity	Person Responsible	Time Frame
Compliance with MOA is monitored: <ul style="list-style-type: none"> ✦ Monitor compliance with the MOA and the SDPP Manual requirements ✦ Semi-annual review of data submission. 	Administrative Assistant Epidemiologist; ORS	Quarterly
Evaluation is conducted: <ul style="list-style-type: none"> ✦ Mid-Semester ✦ Final evaluation report completed and shared with DHEC Administration. Success Story completed by each program 	Epidemiologist; DOH Director	Mid-Semester Annual

Oral Health Needs Assessment 2012/13

The SDPP will cooperate with statewide oral health needs assessment as designated by SC DHEC. Training for the program management will be provided at the annual DHEC School Dental Program Meeting. Training materials will be supplied at the annual meeting and available through the Division of Oral Health. Specific information regarding the Oral Health Needs Assessment can be obtained from the Division of Oral Health by calling (803) 898-0194 or by e-mail at oralhealth@dhec.sc.gov.

Office of Research and Statistics (ORS)

The Division of Oral Health (DOH) and the Office of Research and Statistics (ORS) have been working together since 2006 to enhance data collection for the DHEC School-based Dental Prevention Program. In most cases, programs can extract the data elements required in their MOA and submit them to ORS, which then integrates them into one database. For programs without an electronic data collection system, ORS has developed a data collection instrument. Those entering data in the ORS data collection instrument can then submit the data electronically, which then can be imported into the larger program database. This information is then sent through a unique identifier program that is an algorithm based on a probabilistic match, so that data can be matched to secondary data sources such as the Department of Education (free and reduced lunch participation, standardized test scores, and school readiness indicators) and Medicaid (health service utilization patterns) for additional surveillance deliverables as prescribed in the State Oral Health Plan (SOHP): Public School Children Chapter. ORS produces an aggregate data report of the desired fields of interest and submits the report to DHEC for review and evaluation.

DHEC Review and Evaluation

Select members of the Sealant Management Team review the ORS aggregate data report to assess quality and make management decisions on the data collection process. Through this group, DOH conducted a feasibility study of the unified data collection tool. Some of the lessons learned from the feasibility study are: (1) most programs have adequate electronic data systems that can be extracted for surveillance; (2) resistance to data collection is low when it is integrated into general operations and not resource-intensive; and (3) data collection is easier when asking about billable elements, rather than screening and referral information.

Providing Feedback

The Sealant Management Team provides opportunities for the programs to review their data. Annually, the Sealant Management Team produces an evaluation report of the previous school year. This report lists the preventive and restorative programs operating with a DHEC MOA and the school districts served by each program. It provides the unduplicated count for all fields collected by individual programs. Additionally, the report highlights any challenges and successes experienced by the DHEC School-based Dental Prevention Program over the last year. The Evaluation report is disseminated at the Annual School Dental Prevention Program Meeting held during the spring. The meeting is designed so the programs can have an open dialogue with the Sealant Management Team to discuss any data collection problems. This meeting is also an opportunity for the Sealant Management Team to update the programs with any changes to the program Memorandum of Agreements for the following year.

Scorecards will be provided to each School-based Dental Sealant Program. Scorecards are a snapshot view of the mid-semester data provided. Communication between the DOH and the School Dental Prevention Program will improve considerably with the addition of this new tool for providing data updates. Scorecards will be distributed electronically or during program site visits.

Public School Children Workgroup

The School-Based Dental Prevention Program is the workgroup for the Public School Children and assists in the monitoring of the State Oral Health Plan objectives for the Public School Children Chapter. The DOH Surveillance Coordinator facilitates the workgroup. The group meets regularly to discuss the prioritized objectives and to evaluate their current progress. Objectives specific to the School-based Dental Prevention Program that will be updated annually include the following:

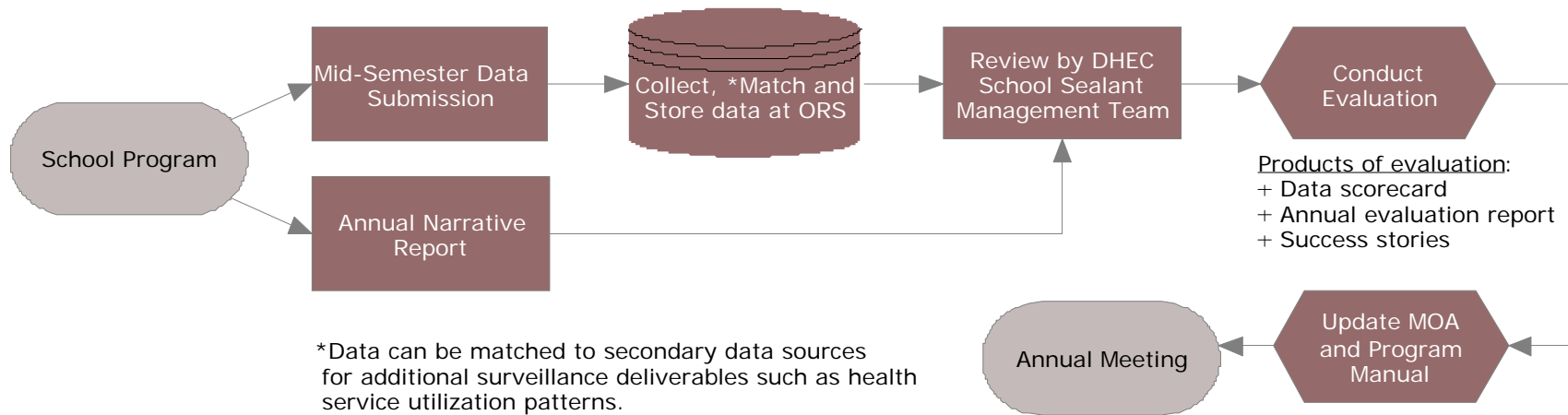
Sealants

- 1. Increase by 20% the number of children who receive sealants, by June 2013.**
- 2. Increase by 50% the number of children participating in Free and Reduced Lunch who receive at least one molar sealant by June 2013.**

Service Utilization

- 3. Increase to 100% the number of children who complete urgent treatment plans (of those served by full service programs only) by June 2013.**
- 4. Increase by 10% the number of children who received any preventive dental service by June 2013.**

DHEC School Sealant Management Process



Reporting Requirements

All programs participating in the DHEC School-based Dental Prevention program must submit semi-annual reports as well as an annual narrative report. Programs that do not comply with the reporting requirements may risk loss of their Memorandums of Agreement with DHEC.

Mid-Semester Data Submission

Program data reports must be completed and submitted electronically to the Office of Research and Statistics (ORS) by the **15th of the month of January and June**.

Data Collection Template – This template is used to describe how each required data slicer has been titled and coded. The data collection template must be completed and returned to the DHEC with the MOA package of required documents.

Annual Narrative Report

A program narrative report must be submitted electronically to DHEC by June 15th of each school year. A program narrative report must be submitted electronically to DHEC by June 15th of each school year. Narrative reports must include 1) program strengths; 2) barriers/challenges that the program faced; 3) factors that may have impacted program services; 4) a success story; 5) a completed educational outreach form; and, 6) any other significant factors.

Success Story – Each program must submit at a minimum of one success story. The story should demonstrate how the program connects a child to a local dental system of care. Success stories can also demonstrate how your program successfully collaborates with the community to improve the welfare of an individual and/or the community. Public health school-based dental programs are instrumental in linking children to dental services that they desperately need. Describe a specific case in the last year, where your program made a difference. The success story template is found on **pages 27-28** of the manual.

A guide for developing a success story can be downloaded from the (CDC) at the following address: http://www.cdc.gov/oralhealth/publications/library/success_stories_wkbk.htm. The guide is called, “Impact and Value: Telling Your Program’s Story.” For your convenience, the success story criteria has been copied from this guide and included in this program manual. Simply follow the success story criteria outline provided by the CDC to write your story.

Completed Educational Outreach Form – There are a number of educational oral health materials available by DHEC. A resource kit has been provided to you at the Annual School-Based Dental Prevention Program meeting. Additionally, the educational resources are available via the internet at <http://www.dhec.sc.gov/health/mch/oral/index.htm> .

Each program must complete the educational outreach form to record how and when the material has been used over the one-year period. Only one completed educational outreach form should be submitted to DHEC.

Educational Outreach Activity Report Form – This form is designed for the hygienists in the field. This can be completed after an educational outreach activity and returned to the program manager to help track the educational activities that will be included in the Educational Outreach Form. This is an optional form and does not need to be submitted to DHEC with the annual narrative report. The Educational Outreach Form is located on page 29 of the manual.

Data Collection Template

Form will be finalized with input from the programs at the annual meeting.

Explanation of Data Fields

FIELD 1: Name of SDPP

-Your program name.

FIELD 2: Slicers are the data fields we use to organize the data submitted.

FIELD 3

Field submitted in 2009-2010:

[Note: All fields are required for 2010-2011]

FIELD 4: Name of Data File Containing Information

-Name file the data is in; (is it file #2, or A, or SDPP 1-the file name you assigned that the specific data is in). This is extremely important if you send data in more than one file. Ideally the data should be in one file that includes all the “slicers” in the template.

FIELD 5: Name of Data Field(s) Containing Information

-Title of the data field: (using the slicer titles would be ideal)

-We need to know if you are using a different titled data field in your software to capture data that your software does not have a predetermined field for. Please let us know the field title if it is different from what the data “slicer” title is. (Example: capturing/placing “Grade” data under a field titled “Meds” in your system).

FIELD 6: Code Definitions- (See below)

-How you define the specific “slicer” within the data column. Give code used to represent the actual data. (Attach legend if necessary).

1. Location-

A) School Name

-We need the full name, no abbreviations.

B) School BEDS ID-

-(Please make sure this is a seven digit number-verify with each school)

Example: The BEDS ID 4001048 contains:

County Number (1st two numbers) 4001048=40 is Richland County

District Number (3rd and 4th numbers) 4001048=01 is Richland District 1

Specific School Identifier (final 3 numbers) 4001048=048 is School-A. C. Moore

2. Child Information-

A) Grade

1. K-4

2. K-5

3. Grades 1 – 12 (specify actual grade)

4. Special Education (only where a grade cannot be accurately determined)

5. Child Development (only where a grade cannot be accurately determined)

B) Patient ID- Any specific system used by your program for patient identification that is different from SSN, Medicaid, or Patient Name. (i.e.: dental practice chart number).

Social Security Number-

Medicaid Number-

Race-African American, White, or Other

Ethnicity – Hispanic or Non-Hispanic

Date of Birth

Gender-Male and Female.

First Name- Please no nicknames.
Last Name-
Street Address- (*Child's home-not school info*)
City-
State-
Zip Code-
County- (*Child's home-not school info*)

3. Services-

A) *Date of Service-*

B) *Child Received One or More Sealant(s) on a Permanent Molar on DOS-*

-Use the appropriate Dental Sealant CDT code- D1351 for new sealant placement.

D) *Child (or Adult) Received Fluoride Treatment on DOS-*

-Use the appropriate Fluoride Treatment CDT code:

-D1203-Topical Application of Fluoride — child, under age 12.

-D1204-Topical Application of Fluoride — adult, ages 12 through 21.

-D1206-Topical Fluoride Varnish.

E) *Child (or Adult) Received Prophylaxis Care on DOS-*

-Use the appropriate Prophylaxis CDT Code:

-D1110-Prophylaxis — adult, ages 12 through 21.

-D1120-Prophylaxis — child, under age 12.

4. Outcomes-Dental Screening by RDH-ASTDD-BSS Codes

A) *Untreated Caries Were Present on DOS-Yes or No*

B) *Treatment Urgency-*

1) Child Had Urgent Dental Needs on DOS-Code 2

2) Child Had Early Dental Needs on DOS-Code 1

3) Child Had No Obvious Dental Needs on DOS-Code 0

C) *Referral Met-Yes or No*

5. Additional Information Needed-

A) *Payment Source*

1) Child Has Private Insurance

2) Child Has Medicaid

3) Child Has Medicaid and Private Insurance

4) Child Has No Private Insurance and has No Medicaid (self-pay)

Example Form

Form will be finalized with input from the programs at the annual meeting.

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**SCDHEC School Dental Prevention Program
Waiver Application**

Eligibility for DHEC School-based Dental Prevention Program

School eligibility for participation in the SCDHEC School-based Dental Prevention Program is based on the “South Carolina Students on Free-Reduced Lunch and/or Medicaid Data Based on Precode and Medicaid Eligibility Files Report”. A participating school is defined as having forty percent (40%) or higher student population on Free-Reduced Lunch and/or Medicaid.

Waiver Application by School

If a school is not eligible for participation in the DHEC School-based Dental Prevention Program, the ***school*** can submit a written request for a waiver to participate in the School-based Dental Prevention Program based on documented evidence of unmet oral health needs of their students.

Evidence of Unmet Dental Needs

The DHEC School-based Dental Prevention Program will use any of the following criteria to determine if there are unmet dental needs:

- 2008 Oral Health Needs Assessment Data;
- Poverty index for community;
- Number of dentists and ratio of dentists to the population;
- Federal designation as a dental health professional shortage area; or
- Children identified with toothaches by the school nurses.

Once the school has completed the waiver application (written request), it is sent to:

South Carolina Department of Health and Environmental Control
Division of Oral Health
Christine Veschusio, Director
1751 Calhoun St.
Columbia, SC 29201

**South Carolina Department of Health and Environmental Control
Division of Oral Health
School-based Dental Prevention Program
Information/Staffing Change Form**

It is mandatory to use this form to contact the DHEC-Division of Oral Health Director immediately when changes occur with School-based Dental Prevention Program contact information or staffing.

Date of Request: _____

<p>Program Information on File:</p> <p>Program name: _____</p> <p>Contact Person: _____</p> <p>Street Address: _____</p> <p>Mailing Address: _____</p> <p>Phone numbers: _____</p> <p>Fax: _____</p> <p>Email: _____</p>

<p>Program Information Change Requested: (Check appropriate boxes)</p> <p><input type="checkbox"/> Program name: _____</p> <p><input type="checkbox"/> Contact Person: _____</p> <p><input type="checkbox"/> Street Address: _____</p> <p><input type="checkbox"/> Mailing Address: _____</p> <p><input type="checkbox"/> Phone numbers: _____</p> <p><input type="checkbox"/> Fax: _____</p> <p><input type="checkbox"/> Email: _____</p>

<p>Staff Change Requested: (One form per staff member-Check appropriate box)</p> <p align="center"><input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change</p> <p><input type="checkbox"/> <u>Dental Hygienist</u> <input type="checkbox"/> <u>Dental Assistant</u></p> <p>Name: _____ SC License #: _____</p>

Signature of Person Requesting Change

Printed Name of Requestor

**Please complete and forward this document to:
SC DHEC, Division of Oral Health, 1751 Calhoun St., Columbia, SC 29201
Division of Oral Health Contact Information: Phone: (803) 898-0194 Fax: (803) 898-2065**

SCDHEC School Dental Prevention Program Standing Orders for Dental Hygienists

Introduction:

The following standing orders outline specific authorizations for the treatment of conditions commonly seen by Registered Dental Hygienists (RDH) in school setting without prior consultation with the supervising dentist of the School Dental Prevention Program according to the statutory provisions of the South Carolina Dental Practice Act 2003. These standing orders are based on the individual level of training and experience of the RDH. Standing orders must be authorized every year.

Documentation:

The RDH shall have access to the patient’s medical history and parental consent forms. The RDH will accurately record all treatment and findings in the patient record.

Consultation and Referral:

The RDH will use professional judgment while providing therapy. When clinical doubt arises, the RDH shall seek consultation with the supervising dentist. The RDH may directly refer patients for consultation.

Standing Orders:

_____, RDH, is authorized to perform the following procedures in a school setting according to the accepted methods of the School Dental Prevention Program and the Oral Health Division of the SC Department of Health and Environmental Control.

Supervising Dentist: Please check all procedures that will apply to the RDH you will supervise.

Procedure	Check all that apply
Perform oral screenings using DHEC approved screening system.	
Perform oral prophylaxis.	
Application of topical fluoride including fluoride varnish according to the ADA and Centers for Disease Control (CDC) guidelines.	
Application of dental sealants according to the ADA and CDC guidelines.	
Provide oral hygiene education.	
Provide tobacco cessation counseling.	

Dental Hygienist (Please Print)

Date

License #

Dental Hygienist (Signature)

Date

Supervising Program Dentist (Please Print)

Date

License #

Supervising Program Dentist (Signature)

Date

Copy received and reviewed by:

DHEC Division of Oral Health Director

Date

SCDHEC School Dental Prevention Program Standing Orders for Dental Assistants

Introduction:

The following standing orders outline specific authorizations for Dental Assistants (DA) for their assistance in the delivery of public health dental program according to the statutory provisions of the South Carolina Dental Practice Act 2003. These standing orders are based on the individual level of training and experience of the DA. Standing orders must be authorized every year.

Documentation:

The DA shall have access to the patient’s medical history and parental consent forms. The DA will accurately record all treatment and findings in the patient record.

Consultation and Referral:

The DA will use professional judgment while providing therapy. When clinical doubt arises, the DA shall seek consultation with the supervising dentist. The DA may directly refer patients for consultation.

Standing Orders:

_____, is authorized to perform the following procedures in a school setting according to the accepted methods of the School Dental Prevention Program and the Oral Health Division of the SC Department of Health and Environmental Control.

Supervising Dentist: Please check all procedures that will apply to the DA you will supervise.

Procedure	Check all that apply
Perform oral screenings using DHEC approved screening system.	
Application of topical fluoride including fluoride varnish according to the ADA and Centers for Disease Control (CDC) guidelines.	
Provide oral hygiene education.	

Dental Assistant (Please Print)

Date

Dental Assistant (Signature)

Date

Supervising Program Dentist (Please Print)

Date

License #

Supervising Program Dentist (Signature)

Date

Copy received and reviewed by:

DHEC Division of Oral Health Director

Date

Success Story Data Collection Tool	
Program Information	
Success Story Item	Your Answer
Contact name:	
Contact information:	Address: Email: Office number: Cell phone: Best time to call:
Employer/Organization name:	
Focus of the Story	
Proposed Title of the Success Story: This should include your program's name and grab the attention of your audience.	
Focus/Theme of the story: Focus might be on collaboration with partners, a community prevention initiative, advocacy efforts, using data to engage stakeholders, etc.	
Point of view: The story should be from the perspective of those who benefited from the program: a participant, family member, friend, etc.	
Audience(s): Who is the intended audience for the story?	
The public health/community need for this program:	
Background of the Story	
Time period of achievement:	
Location of the story:	
Program target group:	
Name and contact information of one participant to interview:	Contact Information: Name: Address: Telephone Number:
How did you accomplish your success? <ul style="list-style-type: none"> • What actions did you perform? • Who was involved? • How long did it take to accomplish? • Estimated costs and funding source(s). • Partners involved (would they be willing to include their logo in a one-page document?) <i>Think in terms of replication. What would your audience need to know to replicate your program?</i>	
Environmental context and barriers to success: What is the background of your program (context)? What barriers to success did you face and how did you overcome them?	
Key results or implications of success: Describe your most important results either at the participant, program, community, or environmental level.	

Educational Outreach Report Form		
Program: _____		
Educational Resource	Suggested Use	How and when was the resource used?
South Carolina Department of Education Standards-Based Supplemental Curriculum CD	Share the CD with teachers. Use the CD as a resource to plan a classroom activity.	
Oral Health for Families with Special Health Care Needs	Share with parents of children with special needs. Share with school nurse.	
Oral Health Activity Booklet and Information Guide for Afterschool Programs	Share the booklet with the Afterschool Program Coordinator. Use the booklet as a resource to plan an activity.	
DHEC Sealant Information	Distribute the sealant information to parents. Provide sealant information to school nurse.	
Sealant DVD	Share sealant DVD with parents and teachers. Use sealant DVD to educate children about dental sealants.	
Flora and Floppy go to the Dentist Puppet Show flier	Share information about the puppet show with school officials. Assist as needed in scheduling the puppet show at a local school and/or community outreach event.	
Flora and Floppy Go to the Dentist Interactive CD	Share the CD with teachers. Use the CD as a small group activity in a classroom.	
Simple Things Your School Can do to Promote Oral Health	Share information with teachers.	

Educational Outreach Report Form
COMPLETED SAMPLE

Educational Resource	Suggested Use	How and when did you use the resource?
South Carolina Department of Education Standards-Based Supplemental Curriculum CD	Share the CD with teachers. Use the CD as a resource to plan a classroom activity.	<i>CD was shared with 2nd grade teacher. October 15, 2009</i> <i>Conducted classroom activity for K-5 class. November 12, 2009.</i>
Oral Health for Families with Special Health Care Needs	Share with parents of children with special needs. Share with school nurse.	<i>Gave a copy of the booklet to the resource teacher at XYZ school. January 2010.</i>
Oral Health Activity Booklet and Information Guide for Afterschool Programs	Share the booklet with the Afterschool Program Coordinator. Use the booklet as a resource to plan an activity.	<i>Gave the booklet to Afterschool Program Coordinator. August 25, 2009.</i>
DHEC Sealant Information	Distribute the sealant information to parents. Provide sealant information to school nurse.	
Sealant DVD	Share sealant DVD with parents and teachers. Use sealant DVD to educate children about dental sealants.	<i>Used Sealant DVD to explain to PTO about the value of dental sealants. January 2010.</i>
Flora and Floppy go to the Dentist Puppet Show flier	Share information about the puppet show with school officials. Assist as needed in scheduling the puppet show at a local school and/or community outreach event.	<i>Flier was shared with school principals at 3 elementary schools. August –October 2009</i>
Flora and Floppy Go to the Dentist Interactive CD	Share the CD with teachers. Use the CD as a small group activity in a classroom.	<i>Coordinator informed teachers about the interactive CD and set up a system for passing it around for classroom use. December 2009.</i>
Simple Things Your School Can do to Promote Oral Health	Share information with teachers.	<i>Made additional copies of the one-pager and distributed it at 4 teacher in-service meetings. September 2009.</i>

Educational Outreach Activity Report

Please complete this form after completing an Educational Outreach activity and return it to your Program Coordinator. This will help the Oral Health Division determine the number and types of Educational Outreach that have taken place and determine if it is effective in educating teachers, parents and students about oral health.

Name: _____

Phone number: _____ Fax Number: _____

Email: _____

Information on the Activity:

Name of the School and/or Group

Approximate number of students and/or teachers reached _____

Briefly Describe the Educational Outreach that was done (i.e. distributed booklets, used CD, conducted activity):

I would rate this type of Educational Outreach as

Very Effective _____ Effective _____ Somewhat Effective _____ Not Effective _____

Do you plan on doing additional outreach? _____ Yes _____ No

Additional Comments: _____

**Please complete and fax or email the form to:
Program Coordinator**



School Entry Form

SCDHEC School-Based Dental Prevention Program

This form should be submitted by fax or e-mail **prior** to the **first** day that a program begins providing services in a school. A separate form should be submitted **each time** the program begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least a month) between prior sessions at the **same school** in the **same school year**.

Program Name	
Staff Person(s)	
School District	
School Name	
BEDS Code	
Service Date(s)	
<i>First day that the program begins services in the school</i>	

Email form to Karen Gambrell
 one (1) business day prior to the first day
 that services begin in a school.

E-mail: oralhealth@dhec.sc.gov

Fax: (803) 898-0588



School Entry Form

SCDHEC School-Based Dental Prevention Program

This form should be submitted by fax or e-mail **prior** to the **first** day that a program begins providing services in a school. A separate form should be submitted **each time** the program begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least a month) between prior sessions at the **same school** in the **same school year**.

Program Name	SDPP Name
Staff Person(s)	Mo Lars, RDH
School District	Any County School District
School Name	Any Name Elementary
BEDS Code	5501001
Service Date(s)	September 4-7, 2012
<i>First day that the program begins services in the school</i>	September 4, 2012

Email form to Karen Gambrell
 one (1) business day prior to the first day
 that services begin in a school.

E-mail: oralhealth@dhec.sc.gov

Fax: (803) 898-0588

SCHOOL ENTRY FORM

WEEK OF: _____

SDPP

STAFF PERSON(S)	SCHOOL DISTRICT	BEDS CODE	SCHOOL NAME	1st DAY	DATES OF SERVICE

This form should be submitted by fax or e-mail **prior** to the **first** day that a program begins providing services in a school. A separate form should be submitted **each time** the program begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least a month) between prior sessions at the **same school** in the **same school year**. E-mail form to oralhealth@dhec.sc.gov. Fax form to: (803) 898-0588.

SCHOOL ENTRY FORM

WEEK OF: September 4-7, 2012

SDPP

STAFF PERSON(S)	SCHOOL DISTRICT	BEDS CODE	SCHOOL NAME	1st DAY	DATES OF SERVICE
Mo Lars, RDH and Flora Ide, RDH	Any County School District	5501001	Any Name Elementary	9/4/12	9/4/12 - 9/7/12

This form should be submitted by fax or e-mail **prior** to the **first** day that a program begins providing services in a school. A separate form should be submitted **each time** the program begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least a month) between prior sessions at the **same school** in the **same school year**. E-mail form to oralhealth@dhec.sc.gov. Fax form to: (803) 898-0588.

School Dental Prevention Program



How can my child take part in the school dental prevention program?

1. Fill out and sign the form.
2. Return the form to your child's teacher or school.
3. The school dental prevention program is for children who are not regularly seen by a dentist.

Sealants
and
Fluoride
protect
teeth from
decay.

What are sealants?

Sealants are clear or white plastic coatings painted on the chewing surfaces of back teeth to keep out tooth decay, germs and food. Sealants help stop cavities from forming on the teeth.

If my child is seen in the school dental program, does he or she need to see a dentist?

1. Yes, your child still needs to see a dentist for a dental exam and X-rays.
2. Your child may need other dental care.
3. A list of dentists in your area will be provided.
4. Tell the dentist that your child has been seen at school.

What is a fluoride treatment?

Fluoride is a gel, foam, or varnish that is applied to the teeth to help make them stronger.



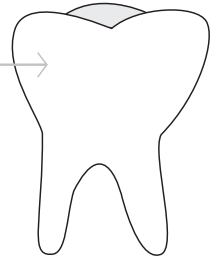
South Carolina Department of Health
and Environmental Control

www.scdhec.gov

*We promote and protect the health
of the public and the environment.*

Sealants protect the
chewing surfaces.

Fluoride protects
the smooth surfaces.



Programa Escolar de Cuidado Dental

¿Cómo puede mi niño participar en el Programa Escolar de Cuidado dental?

1. Llene y firme el formulario.
2. Devuelva el formulario al maestro de su niño o a la escuela.
3. El Programa Escolar de Cuidado Dental es para niños que regularmente no son vistos por un dentista.



Los sellantes y el flúor protegen a los dientes de la caries.

¿Qué son los sellantes dentales?

Los sellantes son películas delgadas plásticas claras o transparentes que se pintan sobre las superficies de masticación de los dientes posteriores para mantener a los dientes fuera del alcance de la caries. Los sellantes ayudan a que la caries no se forme en los dientes.



Departamento de Salud y Control Ambiental de Carolina del Sur

www.scdhec.gov

Nosotros promovemos y protegemos la salud del público y la del medio ambiente.

Si mi niño es revisado en el Programa Escolar de Cuidado Dental, ¿necesita él/ella ver a un dentista?

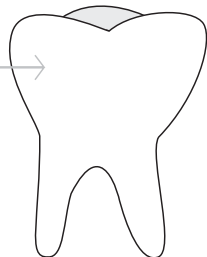
1. Sí, su niño sigue necesitando ver a un dentista para un examen dental y rayos X.
2. Su niño posiblemente necesite otro cuidado dental.
3. Se le dará una lista de dentistas en su área.
4. Dígale a su dentista que su niño ha sido visto en la escuela.

¿Qué es el tratamiento de flúor?

El flúor es un gel, espuma o barniz que se aplica a los dientes para ayudar a hacerlos fuertes.

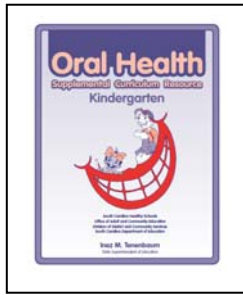
Los sellantes protegen la superficie de masticación.

El flúor protege el área lisa de los dientes.



Oral Health Resources

Supplemental Oral Health Curricula for Preschool, Kindergarten, 2nd and 7th Grade



Target Audience: Teachers, homeschool parents and community-based outreach programs.

Description: These guides contain lessons that encourage students to take care of their teeth as well as teach them oral health concepts. Each of the student activities in the Oral Health Supplemental Resource Guide includes a list of needed materials, background information, step-by-step instructions and suggested extension and evaluation activities. These guides are primarily designed for classroom use.

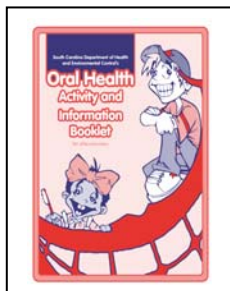
Oral Health for Families with Special Health Care Needs



Target Audience: Parents, schools, childcare centers and community-based outreach programs

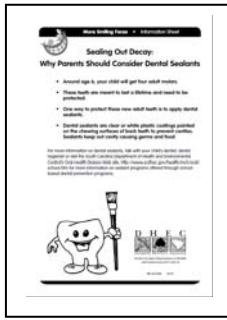
Description: Common mouth problems can affect all children; however, these common mouth problems can be even more troublesome to children and teens with special health care needs. This resource guide is designed to give parents and caregivers tips on keeping their child's or teen's mouth healthy. The sheets are easy to understand and can help parents and caregivers take an active role in establishing and maintaining a good oral health routine. General topics include taking care of teeth, selecting the right toothbrush, adapting toothbrushes, addressing challenges, good nutrition, safety, and going to the dentist. The guide is designed specifically for parents of children with special health care needs and for use in schools and child care centers. Revised: June 2012

Oral Health Activity and Information Booklet for Afterschoolers



Target Audience: Afterschool programs and community-based outreach programs

Description: This resource guide is packed with activities designed for students in grades 1-5 who are participating in afterschool programs. The "lessons" engage elementary age children in hands-on activities that teach them how to take care of their teeth and help them understand why it is important to do so. The booklet also teaches students how important it is to choose healthy foods and encourages them to keep their smiles safe and injury free. This guide is designed for use in childcare centers and schools with afterschool programs. It is also a good resource for homeschool associations and parent and community based programs.



Seal Out Decay – DHEC Sealant Information

Target Audience: Parents of school-age children

Description: *Seal Out Decay* provides information to parents about the importance of dental sealants.



Sealant DVD

Target Audience: Appropriate for use with parent groups as well as students.

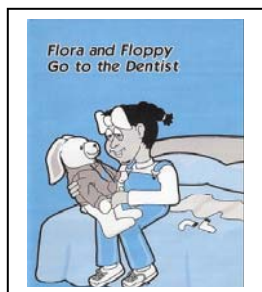
Description: This DVD contains two sealant videos: (1) *Seal in a Smile*, from HRSA, presents live action and animations to demonstrate what dental sealants are; and (2) video from South Carolina’s Medical College of Dental Medicine.



Flora and Floppy Go to the Dentist Marionette Puppet Show

Target Audience: Children ages 4-8

Description: The show is a 20-minute interactive puppet show is designed to engage and entertain school-age children while teaching them key messages about how to maintain good dental health. The cost of the show is \$250. For additional information or to schedule a show, contact, Mary Kenyon Jones at kenyonm@dhec.sc.gov.



Flora and Floppy Go to the Dentist Interactive CD

Target Audience: Children ages 4-8

Description: An interactive CD that allows the children to “read” the story of Flora and her rabbit, Floppy’s visit to the dentist.

For more information, contact Mary Kenyon Jones, Educational Consultant at kenyonm@dhec.sc.gov

National Maternal & Child Oral Health Resource Center Oral Health Resources

Website: www.mchoralhealth.org

Publications are free of charge and can be ordered on-line. Some publications may be available in a limited quantity. If you would like more copies than the online form will allow you to order, select the limit and then provide further details in the "Notes" box at the end of the order form.



Child and Adolescent Oral Health Issues

Target Audience: Teachers, parents, dental/medical professionals.

Description: 8-page fact sheet that gives an overview of child and adolescent oral health issues that include: dental caries, access to care, dental sealants, fluorides, nutrition, injury and violence, tobacco, and children & adolescents with special health care needs.



Pain and Suffering Shouldn't Be an Option

Target Audience: Teachers, parents, dental/medical professionals

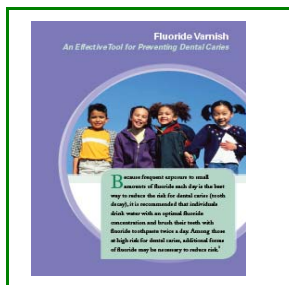
Description: 4-page fact sheet that gives an overview of school-based and school-linked oral health services for children and adolescents.



Preventing Tooth Decay and Saving Teeth with Dental Sealants

Target Audience: Teachers, parents, dental/medical professionals

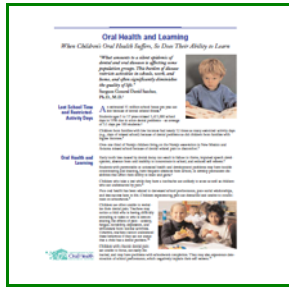
Description: 4-page fact sheet that gives an overview of dental sealants. Information includes: prevention of tooth decay, access to care, disparities in care, public awareness, cost-effectiveness, and programs.



Fluoride Varnish: An Effective Tool for Preventing Dental Caries

Target Audience: Teachers, parents, dental/medical professionals

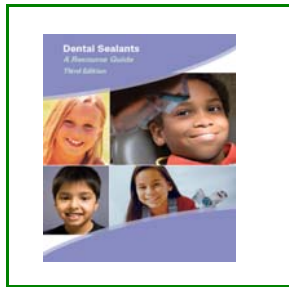
Description: 4-page fact sheet that gives the benefits of fluoride varnish.



Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn

Target Audience: Teachers, parents, dental/medical professionals

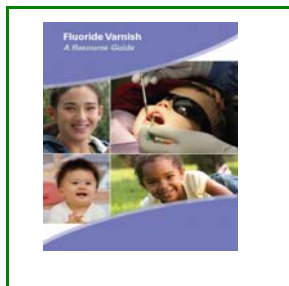
Description: A 2-page fact sheet that gives an overview of a child's inability to learn when they have poor oral health.



Dental Sealants: A Resource Guide (3rd Edition)

Target Audience: Educators, health professionals, policymakers, and others.

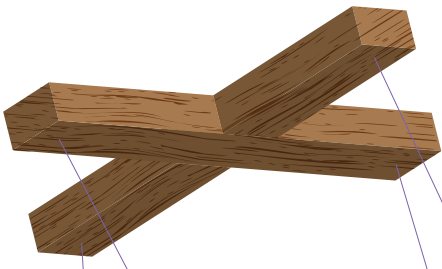
Description: A 44-page resource guide that presents an overview about the use and application of dental sealants. The guide includes a thorough overview of materials that includes journal articles, fact sheets, brochures, protocols, etc.



Fluoride Varnish: A Resource Guide

Target Audience: Educators, health professionals, policymakers, and others.

Description: A 40-page resource guide that presents an overview about the use and application of fluoride varnish. The guide includes a thorough overview of materials that includes journal articles, fact sheets, brochures, protocols, etc.



Sponsor Columbia Marionette Theatre's production of:

Flora & Floppy go to the Dentist



See a preview of the show online:
www.scdhec.gov/oralhealth

"Flora and Floppy Go to the Dentist" is a 20-minute interactive puppet show for children ages 3-8. The show is designed to engage and entertain school-age children while teaching them key messages about how to maintain good dental health.

Over 19,000 children in schools and Head Start Centers across the state have viewed the show since it began in 2008. The show is designed for school groups, Head Start Centers, daycares, and community outreach events. It is an effective way to reach out and educate children about the importance of good dental health.

The cost of the show is \$225 with an additional fee of \$25 for shows outside the Columbia area.

The theater is currently accepting requests for shows. Please sponsor or schedule a show for children in your community today!

To sponsor or schedule a show contact:
The South Carolina Dental Association
phone: (803) 750-2277 or toll-free in S.C. 1-800-327-2598
e-mail: lathamp@scda.org



South Carolina Department of Health and Environmental Control
We promote and protect the health of the public and the environment.
www.scdhec.gov



Simple Things A School Can Do to Promote Dental Health

- Place dental health related books in your classroom or school libraries.
- Request dental provider information and keep it with students' emergency contact information.
- Designate a day or a week to dental health activities.
- Use the *State Department of Education/DHEC Oral Health Supplemental Curricula CD* and plan some classroom activities.
- Promote a safe environment at the school and within the classroom.
- Schedule the *Flora and Floppy Go to the Dentist* puppet show performance. Contact the theater at 803-252-7366.
- Encourage students to drink or rinse with water after eating a snack or having lunch.
- Discourage sugary snacks and encourage healthy eating.
- Distribute toothbrushes and tooth brushing charts to parents to keep at home.
- Establish a way to recognize students when they visit the dentist.
- Ask a dental hygienist to visit your school or classroom to inform students about how to take care of their teeth.
- Use the *Oral Health Information and Activity Guide for Afterschoolers*.
- Assemble a Dental First Aid kit and understand how to respond to a dental emergency.
- Educate parents by providing dental health information at PTO meetings and in school newsletters.



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