

Give Kids A Smile

Saturday, February 25, 2017



Training Manual

Table of Contents

Introduction.....	5
Division of Responsibility	
Important Dates	
Getting Started.....	11
3 Months Before Event	
2 Months Before Event	
1—2 Weeks Before Event	
The Event Day.....	17
Ready, Set, Go Chart	
Event Flow	
Volunteer Roles and Responsibilities	
Set up for Dental Sealants	
Set up for Fluoride Varnish	
Additional Services	
Organizing the Event Day Checklist	
Supply Checklist	
After the Event.....	42
Follow up	
Frequently Asked Questions.....	44
Contact Information.....	47

Appendices

Getting Started.....49

A: Media Pieces

- ♦ Multi Site Event Flyer
- ♦ Single Site Event Flyer
- ♦ Media Campaign Checklist
- ♦ Press Release
- ♦ Multi Site Event Flyer Tear Off
- ♦ Postcard
- ♦ Articles

B: Form Utilization

- ♦ Where Do All the Forms Go

C: Volunteers

- ♦ Sample Volunteer Schedule
- ♦ Check In Directions
- ♦ Paperwork Station Directions
- ♦ Check Out Directions

D: Patient Appointments

- ♦ How to Make Appointments
- ♦ Sample Appointment Sheet
- ♦ Directions For Walk In Patients
- ♦ Walk in Patient Tracking Sheet

The Event Day.....53

E: Volunteer Forms

- ◆ Sample Volunteer Sign In
- ◆ Volunteer Emergency Contact Information
- ◆ Hepatitis B Vaccination Verification

F: Patient Forms

- ◆ Fluoride Varnish and Sealant Clinic Consent to Treat
- ◆ Dental Sealant Screening and Treatment
- ◆ Fluoride Varnish Screening and Treatment
- ◆ Thank You for Coming (Dental Sealant Exit Form)
- ◆ Thank You for Coming (Fluoride Varnish Exit Form)
- ◆ Oral Health Assessment Form

G: Information for Families

- ◆ Post Instructions for Dental Sealants
- ◆ Post Instructions for Fluoride Varnish
- ◆ Dental Road Maps for All Areas
- ◆ Photo Release

After the Event.....56

H: Data

- ◆ List of Data Items to Collect
- ◆ Tracking Form

Introduction

Thank you for participating in this year's Give Kids A Smile event (GKAS)! Along side other community organizations, you will plan, organize and oversee providing visual screenings, sealants, and fluoride varnish to children in need of dental services.

GKAS is a National event supported by the American Dental Association and it's local chapters. Each year, over 350,000 children benefit from the services provided across the nation. This event is a way for dentists to join with the community to provide much needed dental services to underserved children.

GKAS in San Diego county is a collaborative, grass roots effort that brings together key agencies:

- ♦ San Diego Dental Health Foundation (SDDHF)
- ♦ Dental Health Initiative/Share the Care (DHI/STC)
- ♦ County of San Diego, Health and Human Services Agency (HHSA)
- ♦ First 5 San Diego
- ♦ And YOU

Since 2003, San Diego sealant and fluoride varnish clinics have served over 5,800 children. Beginning in February 2015, a new model was developed. The effort is now County wide and participating agencies organize and facilitate their own event. On one special day in February, multiple clinics provide sealants and fluoride varnish to underserved children. This model gives us the ability to serve as many as 500 children in one day.

This training manual provides detailed information on how to organize your event. It outlines how to get started, time lines, volunteer recruitment and scheduling, supply lists, and follow-up after the event. Charts, forms, and templates are provided to make the process as easy as possible.

Division of Responsibilities

Goal: Provide free dental sealants and fluoride varnish to 50 - 100 children on Saturday, February 25, 2017.

General Information

- ◆ Approved flyers will advertise the event at multiple sites
- ◆ Appointments will be made in advance through one central phone line.
- ◆ Technical support will be provided throughout the planning of the event including materials, site visit if requested, and a training
- ◆ Clinical supplies will be provided

Responsibilities of San Diego Dental Health Foundation (SDDHF):

- ◆ Coordinating dental professional volunteers (dentists, hygienists, dental assistants)
- ◆ Funding for the event to include:
 - ◆ Clinical supplies (see attached list)
 - ◆ Incentive items for participating families
- ◆ Developing and distributing of media pieces

Responsibilities of Maternal, Child, and Family Health Services (MCFHS):

- ◆ Managing central phone line for appointments for all sites
- ◆ Development of event flyer
- ◆ Distributing event information to school districts
- ◆ Assisting with data collecting tools and analysis

Responsibilities of Dental Health Initiative/Share the Care (DHI/STC):

- ◆ Providing technical support including:
 - ◆ Materials including all necessary forms
 - ◆ Lead one mandatory training
 - ◆ Site visits as needed
 - ◆ Personal assistance throughout the process by phone and email

Responsibilities of participating organizations:

- ♦ Designation of at least one lead person to act as coordinator of the event and liaison to DHI/STC
 - ♦ Lead person will attend one mandatory training, coordinate nonprofessional volunteers, and oversee event day
- ♦ Designate at least one person with dental knowledge to assist with set up and the event day.
 - ♦ This person will attend the mandatory training
- ♦ Access to building facilities:
 - ♦ Dental clinic must be available on Saturday, February 25, 2017 and include:
 - ♦ Fully operational dental chairs
 - ♦ Hand washing station with soap or hand sanitizer
 - ♦ Vacuum suction
 - ♦ Ultrasonic
 - ♦ Sterilizer
 - ♦ Curing light for each dental chair
 - ♦ Slow speed hand piece with attachment for disposable prophylaxis angle
 - ♦ Distilled or treated water for each unit
- ♦ Access to the building the evening before the event for set up and 2 hours after the event to clean up
- ♦ Access to dumpsters for trash accumulation
- ♦ Tables and chairs (amount determined by set up and will vary for each clinic)

Responsibilities of participating organizations continued:

- ◆ Advertise the event using the approved County wide flyers and other media pieces
 - ◆ Outreach to other organizations to promote the event
 - ◆ Outreach to families to promote the event
- ◆ Help make appointments through a shared document and confirm appointments
- ◆ Pick up and transport all supplies the week prior to the clinic
- ◆ Provide additional office supplies such as clip boards, pens, staplers, paperclips, flashlights
- ◆ Use forms provided and data collection sheets
- ◆ Prepare clinical supplies and set up clinic for the day of the event
- ◆ Collect and count data, return data collection sheet
- ◆ Return supplies

Clinical Supplies

The following supplies will be provided:

Instruments – mirror, explorer, pliers

Air/water syringe tips

Barriers (tape, sleeves, chair/headrest covers)

Cotton rolls

Disinfecting wipes

Disposable gowns

Disposable mirrors

Etch and applicator

Fluoride varnish

Gauze

Gloves

Masks

Patient bibs

Prophy angle/brush

Pumice

Saliva ejector

Sealant material and applicator

Small paper cups

Sterilizer bags

Suction tip

Toothpicks

Tray covers

Triangles

Important Dates

“Give Kids a Smile” Sealant and Fluoride Varnish Clinics

Saturday, February 25, 2017

October – November 2016	Begin communications with participating clinics.
November 2016	Maternal Child and Family Health Services begins to seek approval of the event flyer from participating organizations.
December 2016	San Diego Dental Health Foundation begins recruiting dental professional volunteers.
December 9, 2016	Mandatory training for lead staff members from each organization.
January 1, 2017	Advertising of the event by all organizations begins.
January 6, 2017	Deadline for all organizations to submit the number of volunteers recruited to the San Diego Dental Health Foundation.
February 13 - February 22, 2017	Supplies available for pick up from the San Diego Dental Health Foundation office.
February 25, 2017	Event takes place!
February 27 – March 3, 2017	Return all supplies to the San Diego Dental Health Foundation office.
March 6, 2017	Final day to submit data (format provided) and evaluation.

Getting Started



3 Months Before Event

Develop Event Flyer

- ♦ Approved flyers will be used to advertise the event.
- ♦ Advertising the event will begin January 1, 2017.

You will need to:

☐

Approve flyer by your organization.

Recruit Volunteers

- ♦ SDDHF will begin recruiting dental professionals (DDS, RDH, RDA, DA) in December. This process is ongoing until the week of the event.
- ♦ DHI/STC will help recruit student volunteers from local colleges and universities.

You will need to:

☐

Begin recruiting dental professional volunteers (optional).

☐

Begin recruiting non professional volunteers (optional).

☐

Advise SDDHF of additional volunteer requirements.

Coordinate Additional Activities

You will need to (optional):

☐

Contact other organizations and invite them to participate.

Order Supplies

- ◆ Clinical supplies are ordered for you. See Supply Checklist pages 38-41.

You will need to:

☐

Order office supplies (i.e.: pens, staplers, paper clips, clip boards and highlighters). See Supply Checklist pages 38-41.

Helpful Hints!

Organize a health fair on the same day! Invite other organizations in the community to come and participate.

Does your clinic site provide other services? Invite other departments to be a part of the event.

Make it fun for the kids! Give prizes, play games, and educate your community.

2 Months Before Event

Advertise the Event

- ♦ Approved multiple site flyer will be distributed to school districts throughout the County by email and paper copies (as requested).

You will need to:

- ☐ Advertise, advertise, advertise!
- ☐ Distribute flyers to the community
- ☐ Use media materials provided. See Appendix A.

Schedule Children

- ♦ Central phone line staff will make appointments for all sites.

You will need to (optional):

- ☐ Make appointments for your site using the shared document appointment sheet. See Appendix D.

Recruit Volunteers

- ♦ SDDHF continues to recruit professional dental volunteers.
- ♦ DHI/STC continues to recruit student volunteers.

You will need to:

- ☐ Submit your list of volunteers to DHI/STC by **Friday, January 6, 2017.**

1-2 Weeks Before Event

Pick Up and Organize Supplies

- ◆ Supplies have been organized for your event site.

You will need to:

- ☐ Pick up supplies beginning February 13, 2017 through February 22, 2017 between 9:00 - 4:00pm. Supplies are available at the San Diego Dental Health Foundation office located at:
1275 West Morena Blvd, Ste B
San Diego, CA 92110
(619) 275 - 7188
- ☐ Make patients set ups for sealants in advance. See Set Up for Dental Sealants, page 28.

Confirm Volunteers

- ◆ SDDHF staff will collect copies of California dental licenses, and liability insurance from volunteers they are providing at your site.
- ◆ You will have access to this information prior to the event day.

You will need to:

- ☐ Confirm volunteers you recruited.
- ☐ Collect any information you need from them (license, liability insurance, etc.)

Confirm Appointments the Week of the Event

- ♦ HHSA staff will stop making appointments on **Friday, February 17, 2017, close of business.**

You will need to:

- ☐ Provide a phone number for your site to DHI/STC by **Wednesday, February 15, 2017.** This number will be given to parents if they call starting Tuesday, February 21, 2017 (Monday is a holiday).

- ☐ Confirm all appointments prior to the event day.

Prepare Tracking Forms for Volunteers

You will need to:

- ☐ Create a sign in sheet. See Appendix E.

Make Signs to Identify Key Areas

You will need to:

- ☐ Make signs to help direct families and volunteers during the event.

Order Lunch a Day Ahead (optional)

You will need to:

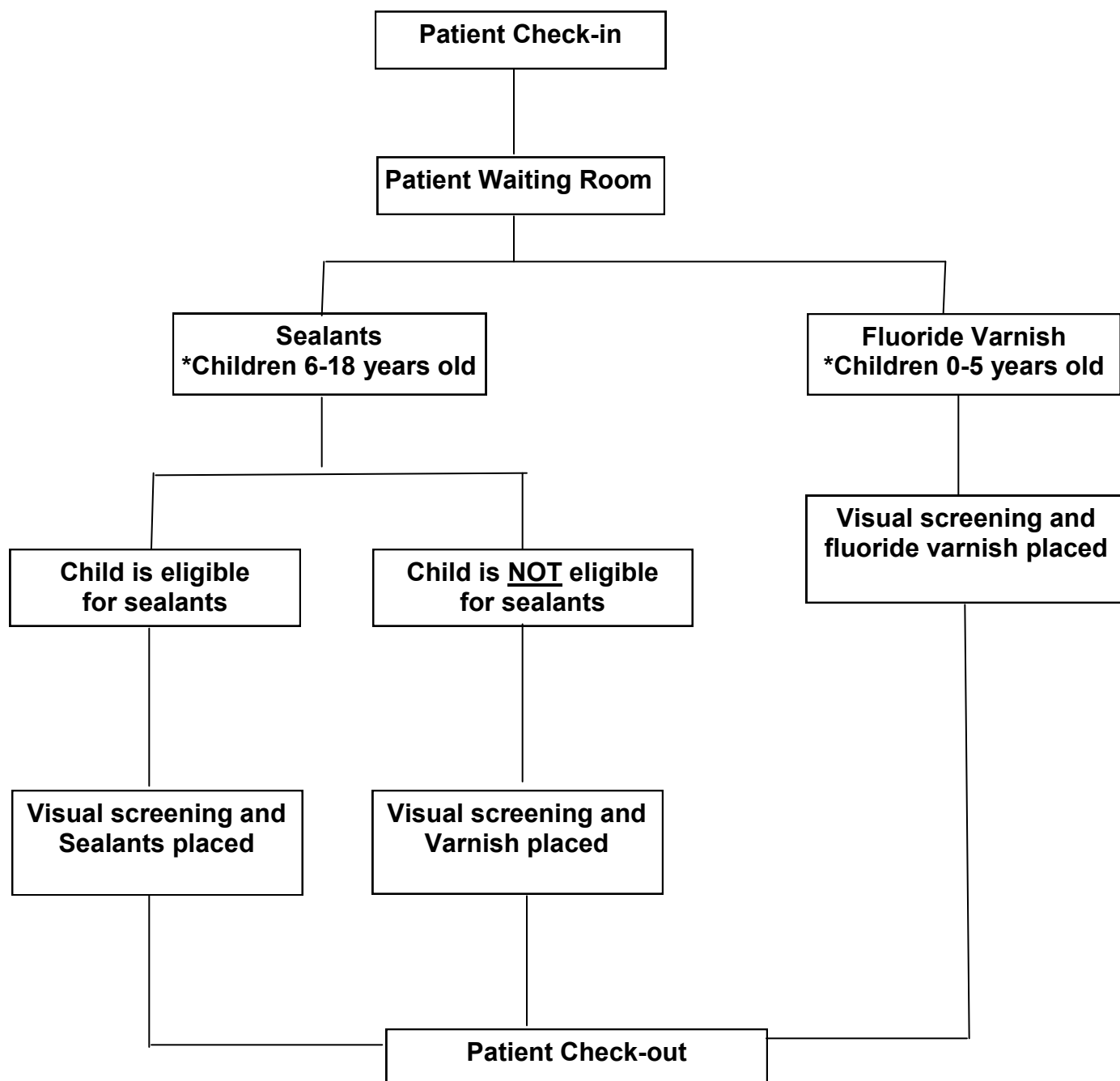
- ☐ Order lunch in advance and arrange for delivery or pick up.

The Event Day



Ready, Set, Go!

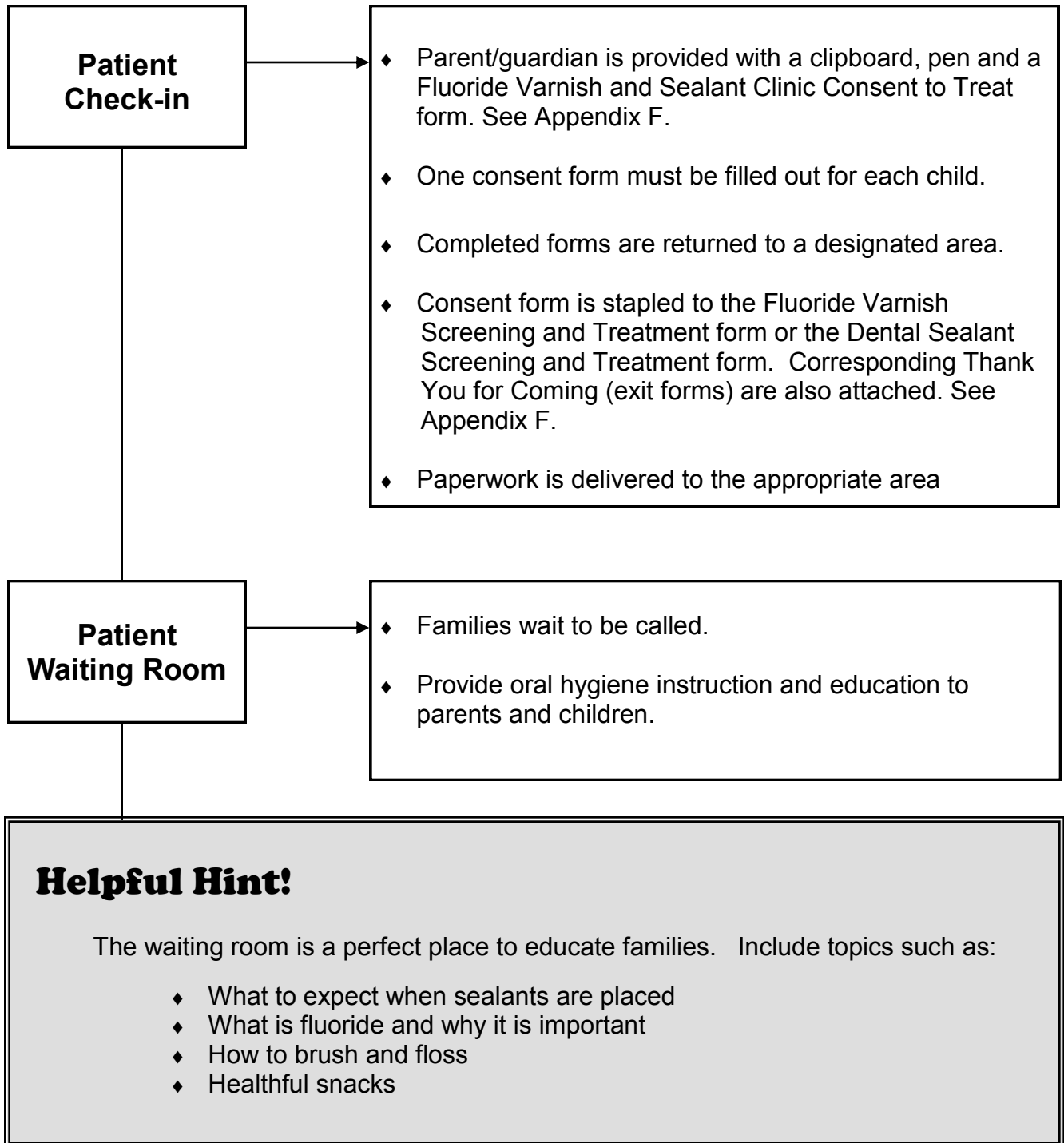
Here is a simple chart showing how each family will progress through the event.

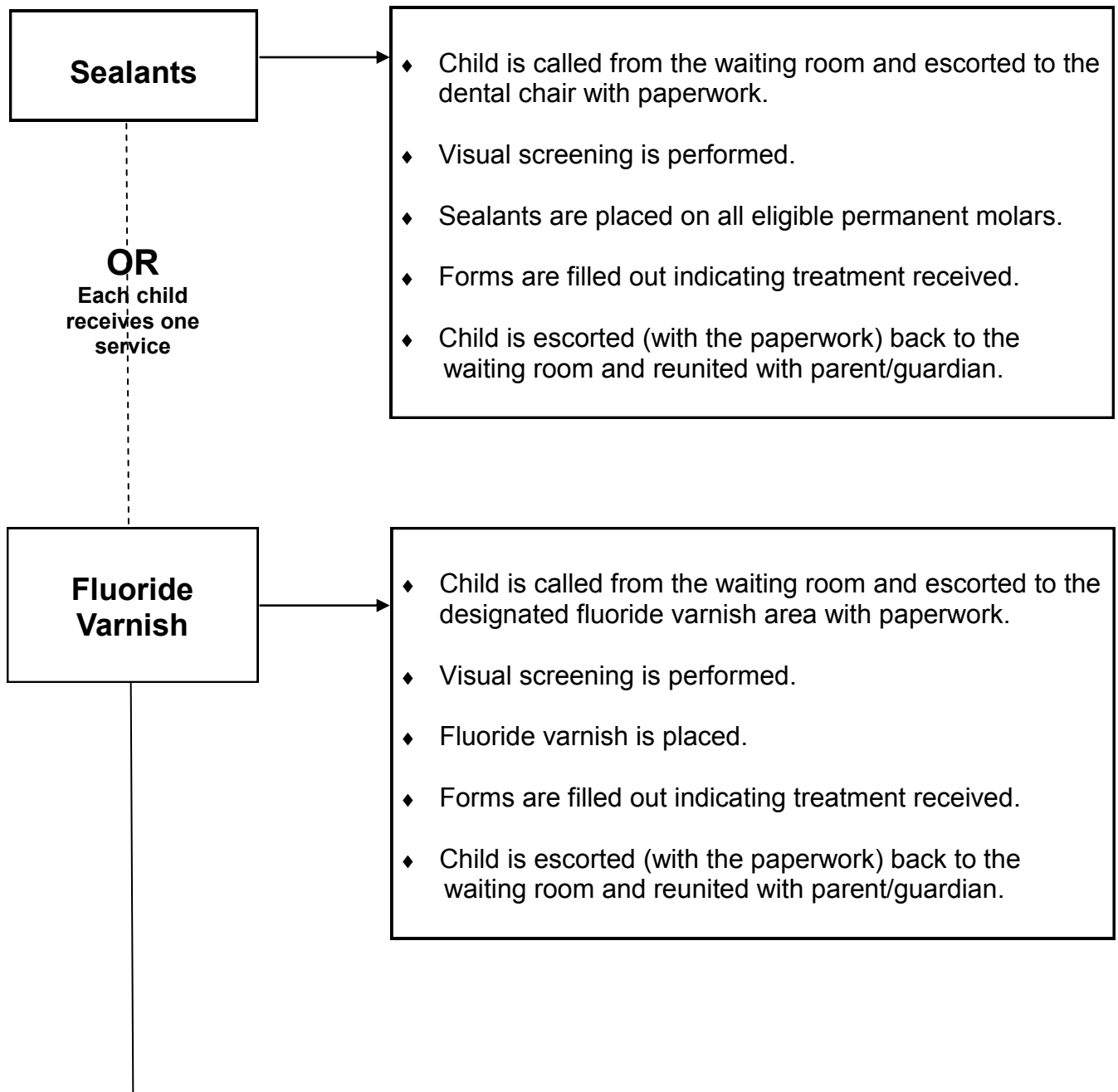


*Sealants are placed on permanent teeth. The age of 6 should be used as a guide. Children older than 5 years can receive fluoride varnish. Each child should receive a visual screening and one preventive service.

Event Flow

The families should have a positive dental experience at your event. In order to minimize confusion and chaos, this detailed chart will help you understand what occurs at each event area.

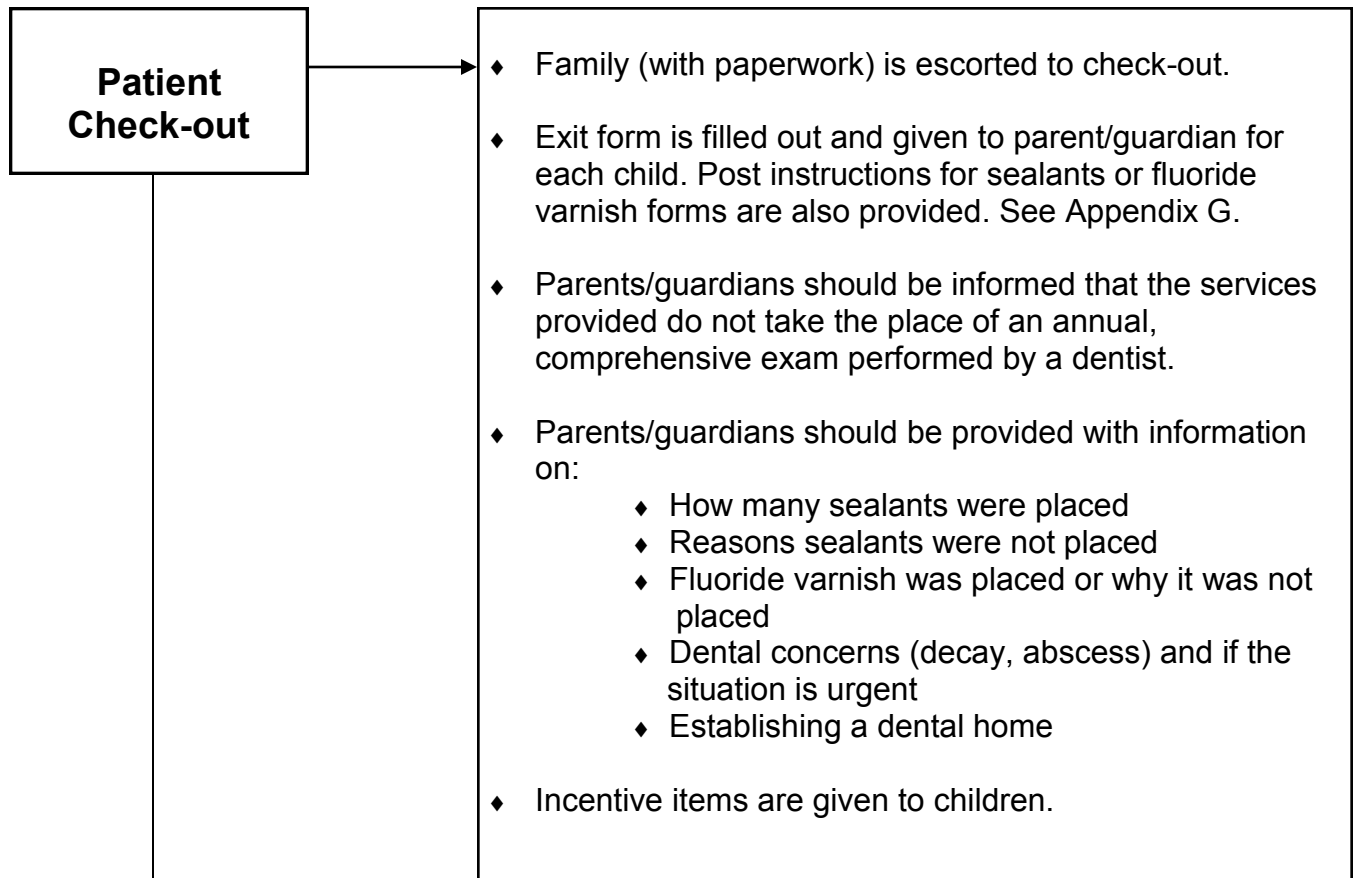




Helpful Hint!

Have parents wait in the waiting room. This keeps the clinic area free of additional bodies and children often behave better.

Remember oral hygiene instruction can be given while children are in the waiting area or at check out.



Helpful Hint!

To keep families from leaving without an explanation of what occurred, have families (and their paperwork) escorted to the check-out area by a volunteer.

This is a great time to award door prizes to the parents!

Volunteer Roles and Responsibilities

Volunteers are key to the success of the event! The following is a list of event areas and responsibilities to help assign volunteers to various tasks. It is recommended that there be an additional 1-2 people to coordinate and oversee all aspects of the event including answering questions from volunteers and families and helping with any problems that may develop during the event.

Patient Check In

Volunteer Role	Potential Responsibilities
Greeter/check-in	<ul style="list-style-type: none"> ♦ Greets all families. ♦ For detailed directions, see Appendix C. ♦ Provides and explains the Fluoride Varnish and Sealant Consent to Treat form to parent/guardian. See Appendix F. ♦ Direct parents where to return forms and where to wait.
Paperwork	<ul style="list-style-type: none"> ♦ Staples together Consent to Treat, appropriate Screening and Treatment forms and Thank you for Coming (exit form) for each child. (This is referred to as the patient form packet). See Appendices C and F.

Helpful Hint!

Consider the various languages within your target population.
Recruit bilingual volunteers to assist with translation.

Fluoride Varnish

Volunteer Role	Potential Responsibilities
Lead	<ul style="list-style-type: none"> ◆ Oversee flow. For detailed information, see Set Up for Fluoride Varnish pages 31 - 32. ◆ Greets families and receives paperwork from runner. ◆ Seat and dismiss patients with paperwork in available area with dental professional. ◆ Organizes paperwork for completed families. ◆ Instructs runner to escort family to check out.
Recorder (1 per dental professional)	<ul style="list-style-type: none"> ◆ Record results on appropriate forms. See Appendix F. ◆ Assist with resetting and replenishing supplies.
Dental Professionals (DDS, RDH)	<ul style="list-style-type: none"> ◆ Review medical history and perform visual screening. ◆ Place fluoride varnish.

Dental Sealants

Volunteer Role	Potential Responsibilities
Lead	<ul style="list-style-type: none"> ◆ Oversee clinic flow. For detailed information, see Set Up for Dental Sealants pages 27-31. ◆ Seat and dismiss patients in available chair with paperwork. ◆ Fills in as needed.
Greeter	<ul style="list-style-type: none"> ◆ Greets families and receives paperwork from runner. ◆ Seat and dismiss patients in available chairs with paperwork. ◆ Organizes paperwork for completed families. ◆ Instructs runner to escort family to check out.
Rover (Extra Dental Assistant)	<ul style="list-style-type: none"> ◆ Replenish chairs with supplies. ◆ Help seat and dismiss patients as needed. ◆ Assist with resetting chairs. ◆ Help sterilize instruments.
Sterilizer	<ul style="list-style-type: none"> ◆ Continue to sterilize instruments throughout day. ◆ Make new set-up bags as needed.
Dental Professionals (DDS, RDH, those with certification to place sealants)	<ul style="list-style-type: none"> ◆ Review medical history and perform visual screening. ◆ Evaluate teeth for sealants. ◆ Place sealants. ◆ Fill out appropriate forms. See Appendix F.
Chair-side Assistants	<ul style="list-style-type: none"> ◆ Assist chair-side and clean/reset chairs. ◆ Mark and process paperwork accordingly.

Patient Check Out

Volunteer(s)	Potential Responsibilities
Greeter/Check out	<ul style="list-style-type: none"> ♦ Explain to parent/guardian what was done to each child (how many sealants placed, urgent care needed, etc.). Fill out (if it is not already done) the appropriate Thank You for Coming (exit form). See Appendices C and F. ♦ Provide appropriate post instructions forms for parent. See Appendix G. ♦ Educate parent/guardian on importance of regular, preventive dental care. ♦ Educate parent/guardian on dental care resources in the community and how to find a dental home. See Appendix G. ♦ Refer for further treatment when necessary. ♦ Provide incentive items to children (optional).

Volunteer Area

Number of Volunteer(s)	Potential Responsibilities
Greeter/check-in	<ul style="list-style-type: none"> ♦ Greet all volunteers. ♦ Assure all volunteers sign in. See Appendix E. ♦ Provide forms for volunteers to fill out. See Appendix E. ♦ Set out refreshments (breakfast, snacks, lunch).

Other opportunities

Number of Volunteer(s)	Potential Responsibilities
"Runners"	<ul style="list-style-type: none">♦ Escort families from one area of the clinic to another♦ Move paperwork from one area of the clinic to another prior to moving families

Set Up for Dental Sealants

It is very helpful to set up the clinic the day before the event or at least 2 hours before it starts. It is also beneficial to have someone from the facility (who is familiar with the equipment and the supplies) available during the event. Prior to set up, designate an area to store supplies that are brought for the clinic. Next, go through the clinic and put away any supplies that belong to the facility that are not to be used by your volunteers.

☐ Set up Patient Chairs

- ◆ Be certain that all appropriate barriers are used.
- ◆ Each chair will need a hand piece and a curing light.
- ◆ Fill water bottles.

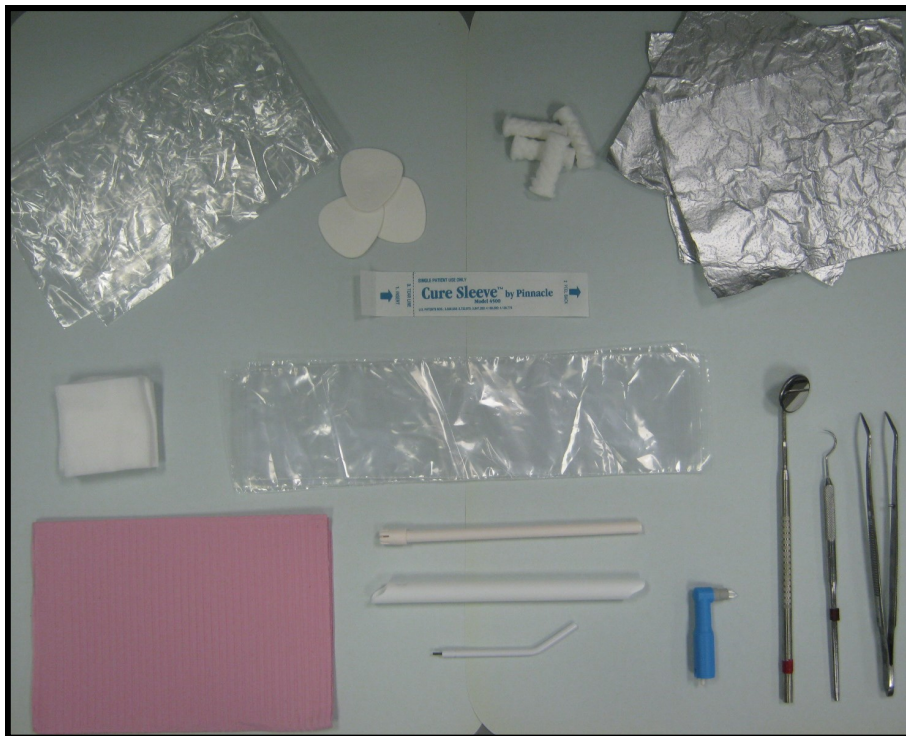




Organize supplies needed to place sealants

Organize the following items in large sealable plastic bags.

- ◆ 1 patient bib
- ◆ 6 gauze
- ◆ 4 cotton rolls
- ◆ 3 triangles
- ◆ 1 air/water syringe
- ◆ 1 suction tip
- ◆ 1 curing light cover
- ◆ 1 saliva ejector
- ◆ 1 head rest or chair cover
- ◆ 1 prophyl angle or brush
- ◆ 4 protective sleeves
- ◆ 1 instrument set (mirror, explorer, pliers)



For every patient, the contents of the bag will be used to initially set up the chair.



Organize Other Items Needed For Sealants on a Counter Nearby

Additional items needed to place sealants but not found in the set up bag include:

- ◆ Gloves and masks
- ◆ Hand sanitizer (if not near a sink)
- ◆ Pumice
- ◆ Etch and delivery system
- ◆ Sealant material and delivery system
- ◆ Disposable brushes
- ◆ Patient eye protection
- ◆ Sanitizing wipes
- ◆ Extra set-ups in sealable plastic bags
- ◆ Pens
- ◆ Tray covers



Helpful Hint!

Paper tray covers can be used to create a “clean” space for items on the counter.

Disposable cups can help organize small items such as extra etch tips.

Have hand sanitizer available if sinks are not conveniently located near the dental chairs.

Stock up on paper towels and toilet paper.

☐ Create Patient Set up Assembly Area (Optional)

Find a space in the clinic where disposable supplies can be spread out. A volunteer can easily help make patient set up bags and extra items can be found quickly.



Helpful Hint!

Make some set up bags in advance to start the day off smoothly.

Having all needed items in the bag makes resetting a chair quick and easy.

☐ Clean Up and Reset with Efficiency

Each chair could potentially be set up and cleaned 12 times! Remember:

- ◆ Sterilization is key! At least one volunteer dental professional should be in charge of sterilization.
- ◆ Instruct all volunteers to return instruments to sterilization as soon as possible. This could make or break your day!
- ◆ Bag instruments in set-ups that include: mirror, explorer, and cotton pliers.

Set Up for Fluoride Varnish

Designate an area for fluoride varnish. This does not have to be a clinical area. It is helpful if it is near the dental clinic where sealants are being placed. For dental professionals placing varnish, you will need:

- ◆ Table for supplies
- ◆ Two chairs per provider
- ◆ Clipboard (optional for recorder)
- ◆ Pens
- ◆ Disinfecting wipes
- ◆ Garbage cans

☐ **Cover the table with a table cloth or use patient bibs.**

☐ **For each dental provider have the following supplies:**

- ◆ Gloves
- ◆ Masks
- ◆ Flashlight
- ◆ Hand sanitizer
- ◆ Mini tray covers
- ◆ Disposable mirrors
- ◆ Fluoride varnish
- ◆ Cups (for spitting into after fluoride varnish is placed if needed)
- ◆ Toothpicks (these can be used to remove food debris)
- ◆ Gauze
- ◆ Tongue depressors



☐ **Provider should lay out the following supplies for each patient:**

- ◆ Mini tray cover
- ◆ Disposable mirror
- ◆ Fluoride varnish
- ◆ Gauze
- ◆ Extra supplies to be used as needed include toothpicks, cups, and tongue depressors



Helpful Hint!

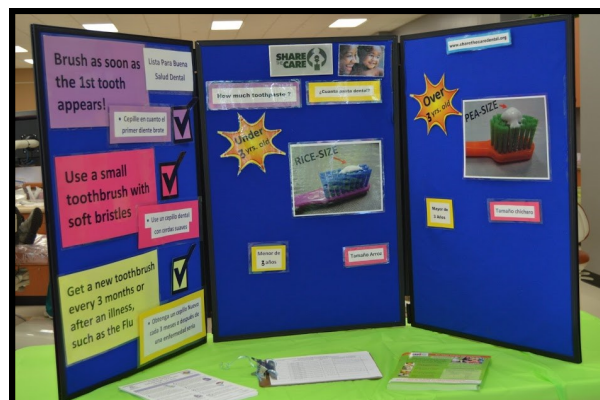
It is helpful to have an additional volunteer record screening and treatment results on to the forms for the dental professional who is placing the fluoride varnish.

Have cups close by so children can spit. Some of them will not like the taste!

Additional Services

Community Resources

This is a great opportunity to educate and provide resources to those in attendance. Invite organizations and companies in the area to provide materials and incentive items that can be distributed to families. Share information on health clinics, libraries, recreation centers, and classes for children and adults (physical activity, art, scholastic).



Health Fair

If space is available, plan a health fair to occur simultaneously. Invite local organizations and companies to bring materials and/or displays. Each participant should provide staff for the day to help educate the families and provide information about their services. Busy families will love this opportunity. Be creative! Choose a theme and encourage games and prizes for the children.



Helpful Hint!

Invite the tooth fairy and other community mascots!

Providing Additional Preventive Services

You have a captive audience! Discuss the possibility of providing other preventive services. For example, partner with a medical office, clinic, or health department and provide well baby checks or immunizations.



Organizing the Event Day Checklist

The big day has finally arrived and all of the hard work is about to pay off! Set up as much as possible the day before the event. If this is not possible, allow 2-3 hours prior to the start of the event. Ask some volunteers to come early to help. Below are some suggestions on how to prioritize the process:

☐ **Set up Sealant Areas First**

Set up each dental chair for a patient. Place additional set up supplies at each chair to help keep the day flowing. See Set Up for Dental Sealants, pages 27-30.

☐ **Set up Fluoride Varnish Area**

Fluoride varnish can be applied in a non clinical setting. See Set Up for Fluoride Varnish, pages 31-32.

☐ **Post All Signs**

☐ **Set up Volunteer Area**

Designate an area where volunteers can congregate. This is where volunteers can check-in, find food and drinks, and leave personal items (purses, coats).

- ◆ Someone should greet all volunteers upon arrival, help with the check-in process and direct to assigned areas.
- ◆ Have volunteer forms available. See Appendix E.
- ◆ Make name tags available.
- ◆ Start brewing coffee first thing and set out morning refreshments

Helpful Hint!

Designate DDS, RDH, DA, or student on the name tags. This helps assign people to appropriate tasks.

☐ **Set up Patient Check-in**

Appointment sheets, forms and extra office supplies should be available. It is helpful to:

- ◆ Track the appointments by highlighting those who attend.
- ◆ Keep track of failed appointments so additional families can be called or walk in families accepted.

☐ **Set up Patient Check-out**

Designate an area where families are escorted and a check out process can occur. Volunteers for this area should have dental knowledge and be able to tell parents what dental services were provided and if restorative or urgent care is needed. This is also where families should be encouraged to find a dental home, linked to available medical and dental insurance programs and established as patients at your site.

☐ **Meet with Key Volunteers**

Meet with key volunteers prior to the start of the event. Provide information on:

- ◆ Flow of the clinic
- ◆ Their specific role and responsibilities
- ◆ Key areas to help direct families and volunteers
- ◆ Who to contact when the unexpected occurs (and unexpected things will occur)

☐ **Meet with All Volunteers**

If possible, meet with all volunteers. See pages 22-26 for a list of volunteer roles and responsibilities. This is a great way to answer questions and discuss responsibilities for the day.



Have a Plan for Media

Decide in advance who will be notified if media arrives and designate key people to speak to the media. Have photo release forms signed prior to pictures being taken. See Appendix G.



Expect the Unexpected

The unexpected will occur. This is a learning process. Each event will be different and you will learn something new each time - It's an adventure!



Clean Up

The clinic will generally complete patients one hour after the advertised end time. Allow an additional hour to pack and clean up the facility. Remember to designate volunteers to stay late, help pack, clean up, and reset your clinic for the following week.

Supply Check List

All supplies needed are listed and organized by event area. Use this list to organize and set up each area. Supplies provided for you are noted below.

Volunteer Check in

You provide:

- ☐ Table and chairs
- ☐ Name tags
- ☐ Pens

Provided:

Emergency Contact form
Hepatitis B verification forms
Sign in sheet (template provided)
Disposable gowns

Patient Check in and Paperwork

You Provide:

- ☐ Table and chair
- ☐ Table cloth (optional)
- ☐ Highlighter
- ☐ Pens
- ☐ Clip boards
- ☐ Stapler and extra staples
- ☐ Paper clips/binder clips
- ☐ Tray or container to hold returned consent forms (optional)

Provided:

Forms: (All provided)
Consent to treat
Sealant screening and treatment
Fluoride varnish screening and treatment
Thank you for coming (exit forms) for both sealants and fluoride Varnish
Appointment sheets
Walk in patient tracking sheets

Fluoride Varnish Area

You provide:

- ☐ Table and chairs
- ☐ Pens
- ☐ Trash cans and bags

Provided:

- Gloves
- Masks
- Hand sanitizer
- Flash lights
- Disinfecting wipes
- Mini tray covers
- Extra bibs to place supplies on
- Disposable mirrors
- Gauze
- Fluoride varnish
- Small cups
- Toothpicks and Tongue depressors

Dental Sealants

You Provide:

- ☐ Fully operational dental chair
- ☐ Hand washing station
- ☐ Vacuum suction
- ☐ Sterilizer
- ☐ Ultrasonic
- ☐ Curing lights
- ☐ Patient eye protection
- ☐ Hand pieces
- ☐ Pens
- ☐ Trash cans and bags

Provided:

- Disposable gowns
- Masks
- Gloves
- Disinfecting wipes
- Small cups
- Barriers
 - Chair cover
 - Protective sleeves
- Tray covers
- Patient bibs
- Disposable bib clip
- Gauze
- Cotton rolls
- Triangles
- Air/water syringe
- Suction tips
- Saliva ejector
- Prophy angle brush
- Pumice
- Etch and applicator
- Sealant material and applicators
- Zip lock bags for assembling supplies
- Sterilization bags
- Instrument set up (mirror, explorer, cotton pliers)

Check Out

You Provide:

- ☐ Tables and chairs
- ☐ Table cloth (optional)
- ☐ Pens
- ☐ Stapler and extra staples
- ☐ Dental Road Maps (originals provided)
- ☐ Tray or container to hold completed forms

Provided:

- Forms: (All provided)
- Post instruction for dental sealants
- Post instruction for fluoride varnish
- CHDP brochure
- Incentive items for children

After the Event



After the Event Follow Up

☐

Return all clinical supplies

- ◆ Return all supplies between February 27, 2017 - March 3, 2017 to:

San Diego County Dental Society
1275 West Morena Blvd, Ste B
San Diego, CA 92110
(619) 275 - 7188

☐

Follow Up with Dental Emergencies

- ◆ After reviewing all of the clinical forms, call families with children who were identified with a dental emergency.
- ◆ Use all resources you can for the family. If you need assistance, please call DHI/STC.

☐

Compile data (See Appendix H)

- ◆ The data will be compiled and shared.

☐

Submit data and evaluation to DHI/SHC by March 6, 2017

☐

Submit list of all volunteers to SDDHF by March 6, 2017

- ◆ SDDHF will publicize names of all volunteers in a newsletter.

☐

Send thank you letters

- ◆ Send thank you letters to the volunteers you recruited.
- ◆ SDDHF will send thank you letters to volunteers they recruited.

☐

Share photos and consent forms with SDDHF (See Appendix G).

Frequently Asked Questions

What if dental emergencies are identified during the visual screening?

First, educate the family. Explain to the parent/guardian that an emergency has been identified. Be certain that they understand the severity and consequences. Additional information may be needed to ensure a proper referral. Does the family have insurance? Does the family have a dental home? Does the family have the monetary resources? Staff/volunteers should be aware of a variety of resources including services that cater to the low income families (free clinics, dental schools, dental clinics or offices that have sliding fee scales). Contact the family after the event to assure that care was received. Additional resources or case management may need to be provided.

What about continuity of care?

Since the services provided on the event day are not comprehensive, all children should be referred to a dentist and assisted in any way possible to finding insurance and a dental home. All parents/guardians should be advised that the child did not receive a full exam and that an annual exam by a dentist is recommended.

What if families come and do not have appointments?

Walk-in families can be taken but priority is given to children with appointments. Check appointment sheet for cancellations. Also, check with the volunteer/staff lead in the clinic. Is the clinic behind or ahead of schedule? Consider providing fluoride varnish to any age child and offer to make them an appointment to return to your clinic.

What if more children come than can be seen?

Have a plan for what to do if this happens. Are volunteers willing to stay to see additional children? Is the facility available after a certain hour? Make sure you know ahead of time. Consider at least screening the child and providing referral information. If children are turned away, offer to make them appointments at your clinic.

What happens when one child is done getting sealants, but has siblings who are still in the clinic or waiting to be called?

It is best to keep the family together. Try to see family members sequentially and call them one after the other. Have the family wait in the waiting room area until all children have received sealants. Then, escort the family, with all paperwork, to the check-out area.

What about patient confidentiality?

All files and forms should be kept in a secure location. No specific information should be shared without the direct authorization of the parent/guardian.

What about liability for the children and the volunteers?

Liability insurance policies should be reviewed and discussed to assure that proper coverage exists. Liability or malpractice insurance is required for dental professionals who volunteer to apply sealants.

If media comes, do I need permission from parents to photograph their child?

It is recommended that written permission be obtained **BEFORE** any photos are taken to help ensure the privacy of families. Keep these records on file in case it is ever questioned. Photos are a great way to help advertise future clinics, secure funding, and recruit volunteers.

Contact Information

Dental Health Initiative/Share the Care (DHI/STC)

Nancy Starr

858-349-1373

nandmstarr@yahoo.com

San Diego Dental Health Foundation (SDDHF)

Lourdes Valdez

619-275-7188

Lourdes@sdcds.org

County of San Diego, Health and Human Services Agency (HHSA)

Kym Hodge

619-542-4195

Kym.hodge@sdcounty.ca.gov

Appendices

Getting Started

A. Media Pieces

- ♦ Multi Site Event Flyer
- ♦ Single Site Event Flyer
- ♦ Media Campaign Checklist
- ♦ Press Release
- ♦ Multi Site Event Flyer Tear Off
- ♦ Postcard
- ♦ Articles



FREE ANNUAL GIVE KIDS A SMILE EVENT

Saturday, February 25, 2017 8:30AM-12:00PM

For children 1-18 years of age with no dental resources.

Parent or guardian must be present with child.



DRAFT

Kindergarteners can get a **FREE** Oral Health Assessment for school!

Call **619-692-8808** today to schedule an appointment.

Walk-ins welcome, but children with appointments will be given priority.

FREE DENTAL SEALANTS AND FLUORIDE VARNISH

What are dental sealants and fluoride varnish?

- A safe and painless way to protect teeth and help prevent cavities.
- Dental sealants are a plastic coating painted on the chewing surfaces of the back teeth.
- Fluoride varnish is a special fluoride coating painted on all teeth.



San Ysidro
South Bay Family Health
and Dental Center
#330-340 E 8th Street
National City, CA 91950



North County
Health Services
2216 El Camino Real,
#121-122
Oceanside, CA 92054



Operation Samahan
10737 Camino Ruiz, #235
Mira Mesa, CA 92126



Neighborhood Healthcare
425 N. Date Street
Escondido, CA 92025



Mountain Health
Santee Family Medicine
120 Town Center Parkway
Santee, CA 92071



Diamond Neighborhoods
Family Health Center
4725 Market Street
San Diego, CA 92102



Vista Community Clinic:
Vale Terrace
1000 Vale Terrace Drive
Vista, CA 92084



Fallbrook Family
Health Center
1328 S. Mission Road
Fallbrook, CA 92028



Event funded by:



In collaboration with:





GIVE KIDS A SMILE EVENTO ANNUAL GRATIS

Sábado, 27 de Febrero, 2017 de 8:30AM-12:00PM

Para niños de 1 a 18 años de edad sin recursos dentales.

Padre o tutor debe estar presente con cada niño.

DRAFT



Niños de kinder pueden obtener una evaluación de salud oral **GRATIS** para la escuela!

Llame hoy al **619-692-8808** para hacer una cita.

Se aceptan también sin cita previa. Se dará prioridad a los niños con citas.

San Ysidro
South Bay Family Health
and Dental Center
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National City, CA 91950



SELLADORES DENTALES Y BARNIZ DE FLUORURO GRATIS

¿Qué son los selladores dentales y barniz de fluoruro?

- Una manera segura de proteger los dientes, no causa dolor y ayudan a prevenir las caries.
- Los selladores dentales son una capa de plástico que se pintado a la superficie de las muelas permanentes de atrás.
- El barniz de flúor es una capa especial con fluoruro que se pintado en todos los dientes.



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Evento financiado por:



En colaboración con:





FREE ANNUAL GIVE KIDS A SMILE

Saturday, February 25, 2017 8:30AM-12PM

For children 1-18 years of age with no dental resources.

Parent or guardian must be present with child.



Kindergarteners can get a **FREE** Oral Health Assessment for school!

Please call ahead to schedule an appointment.
Walk-ins welcome, but children with appointments will be given priority.

FREE DENTAL SEALANTS AND FLUORIDE VARNISH

San Ysidro South Bay Family Health
and Dental Center
#330-340 E 8th Street
National City, CA 91950

To schedule an appointment,
please call
Xxx-xxx-xxxx



What are dental sealants and fluoride varnish?

- A safe and painless way to protect teeth and help prevent cavities
- Dental sealants are a plastic coating painted on the chewing surfaces of the back teeth
- Fluoride varnish is a special fluoride coating painted on all teeth



*This is a countywide event with other locations. To learn about other locations or to make an appointment at a different site, please call **619-692-8808***

Event funded by:



In collaboration with:



Media Campaign Checklist

✓ **Contact resources in your area.**

- Make phone calls and send emails to other professionals letting them know of your event.
- Contact community leaders in your area such as faith based, scout troops, and council members.
- Contact nearby organizations including churches, libraries, and recreational centers.
- Also consider web based resources like Facebook.

✓ **Ask them to advertise the event by using the documents provided in the Media Kit.**

- Choose from articles, postcards, and flyers.
- Any of these items can be distributed, posted, or added to websites.

✓ **Ask volunteers to help.**

- Post and pass out flyers at other community events, sports gatherings, and in nearby businesses.

✓ **Educate your staff and promote the event within your clinics.**

- Educate parents on the importance of dental sealants and fluoride varnish. (They will not come if they do not understand the benefit.)

A press release prepared by the Dental Society will be sent to all major news stations just prior to the event.



January 1, 2017

IMMEDIATE RELEASE

Contact: Lourdes Valdez
(619) 275-7188
lourdes@sdcds.org

Local dental community to donate services for National Children's Dental Health month

When: Saturday February 25, 2017 from 8:30 a.m. to 12 p.m.

Where: Various locations throughout San Diego County

What: More than 100 dental professionals will be offering free oral health care services as part of the San Diego Dental Health Foundation's Give Kids A Smile program. Children in need will receive dental screenings, fluoride treatments and dental sealants as part of an effort to improve the oral health of children who experience barriers to care in California and nationwide.

Give Kids A Smile is a nationwide program sponsored by the American Dental Association Foundation that provides free oral health care services to approximately 320,000 children at 2,000 sites. Each year, some 50,000 dental professionals donate their services to provide screenings, cleanings, restorative care, and oral health education to underserved children.

Why: Nearly 1 in 4 children, aged 2 to 11, have untreated cavities in their baby teeth, according to the Centers for Disease Control and Prevention. In California, 28% of kindergartners have untreated cavities and 17% have never seen a dentist, according to the Dental Health Foundation survey "Mommy it Hurts to Chew." Many children enrolled in Medi-Cal receive no dental services throughout the year. The National Institutes of Health report that 80 percent of tooth decay is found in just 25 percent of children, primarily from low-income families.

Give Kids A Smile is held annually to:

- provide free dental services to qualifying children from low-income families
- raise awareness of the epidemic of untreated dental disease in local communities
- raise awareness of the need to build public and private partnerships to increase access to oral health care to solve this crisis.

The public can call 619-692-8808 for appointments. Walk-ins are accepted, but priority is given to those with appointments. A parent or guardian must accompany each child.

For more information: www.givekidsasmile.ada.org or www.sddhf.org

FREE ANNUAL GIVE KIDS A SMILE EVENT

Saturday, February 25, 2017 8:30AM-12:00PM

For children 1-18 years of age with no dental resources.

Parent or guardian must be present with child.



Kindergarteners can get a **FREE** Oral Health Assessment for school!

Call **619-692-8808** today to schedule an appointment.

Walk-ins welcome, but children with appointments will be given priority.

FREE DENTAL SEALANTS AND FLUORIDE VARNISH

What are dental sealants and fluoride varnish?

- A safe and painless way to protect teeth and help prevent cavities.
- Dental sealants are a plastic coating painted on the chewing surfaces of the back teeth.
- Fluoride varnish is a special fluoride coating painted on all teeth.



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Vista Community Clinic:
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Vista, CA 92084



Fallbrook Family
Health Center
1328 S. Mission Road
Fallbrook, CA 92028



Event funded by:



In collaboration with:

[illegible]

FREE DENTAL SEALANTS AND FLUORIDE VARNISH

Saturday, February 25, 2017 8:30AM-12PM



*Kindergarteners can get a **Free** oral health assessment for school!*

For children 1-18 years of age with no dental resources.

Parent or guardian must be present with child.

What are dental sealants and fluoride varnish?

A **safe** and **painless** way to protect teeth and help prevent cavities.

Dental sealants are a special coating painted on the chewing surfaces of the back teeth.

Fluoride varnish is a special fluoride coating painted on all teeth.

Saturday, February 25, 2017 8:30AM-12PM

Call **619-692-8808** today for an appointment.

Walk-ins welcome. Children with appointments will be given priority.

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Event funded by:



In collaboration with:



SELLADORES DENTALES Y BARNIZ DE FLUORURO GRATIS

25 de febrero, 2017 8:30AM-12PM



Niños de kinder pueden obtener una evaluación de salud oral **GRATIS** para el ingreso la escuela!
Para niños de 1 a 18 años de edad sin recursos dentales.
Padre o tutor debe estar presente con cada niño.

¿Qué son los selladores dentales y barniz de fluoruro?

- Una manera **segura** de proteger los dientes, no causa dolor y ayudan a prevenir las caries.
- Los **selladores dentales** son una capa especial que se aplica a la superficie de las muelas permanentes de atrás.
- El **barniz de fluoruro** es una capa especial con fluoruro que se aplica en todos los dientes.

25 de febrero, 2017 8:30AM-12PM

Llame hoy al **619-692-8808** para hacer una cita.

Se aceptan también sin cita previa. Se dará prioridad a los niños con citas.

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Evento Financiado por:



En colaboración con:



Media Articles

Free Dental Sealants and Fluoride Varnish Saturday, February 25, 2017, 8:30am – 12:00pm

- This event is for children 1 – 18 years of age with no dental resources.
- Call 619-692-8808 for more information and to make an appointment.
- Multiple locations across the county are available: National City, Oceanside, Mira Mesa, Escondido, Fallbrook, Vista, Santee and San Diego

Dental sealants and fluoride varnish are a safe and painless way to protect teeth and help prevent cavities.



Helping Prevent Cavities

Did you know that 52 million school hours and 164 million work hours are lost annually to children with cavities and emergencies? Did you know that cavities are infectious, painful, and can be prevented? Taking care of your children's teeth and visiting a dentist regularly are a necessity. Did you know there are other preventive things you can do for your children? Dental sealants and fluoride varnish are a safe and painless way to protect teeth and help prevent cavities.

- Dental sealants are a special coating painted on the chewing surfaces of the back teeth.
- Fluoride varnish is a special fluoride coating painted on all teeth.

Fluoride helps to strengthen teeth and dental sealants protect the tops of the back teeth, the most common place for children to get cavities. These services are cost effective and cost less than fixing a tooth.

Join us on **Saturday, February 25, 2017, 8:30am – 12:00pm**, for **free** dental sealants and fluoride varnish. This community event is County wide, you can choose from several locations:

- National City, Oceanside, Mira Mesa, Escondido, Fallbrook, Vista, Santee and San Diego

Children ages 1 – 18 with no dental resources can attend with a parent or guardian.

Please call today for more information and to make an appointment, 619-692-8808.

Walk ins are welcome.

See you there!



Media Articles

Selladores Dentales y Barniz de Fluoruro Gratis Sabado, 25 de Febrero, 2017, de 8:30am – 12:00pm

- Este evento es para niños de 1 a 18 años de edad sin recursos dentales.
- Llame hoy al 619-692-8808 para más información y para hacer una cita.
- Habrá varias localidades en el condado para elegir: National City, Oceanside, Mira Mesa, Escondido, Fallbrook, Vista, Santee and San Diego

Selladores Dentales son una manera segura de proteger los dientes,
no causan dolor y ayudan a prevenir las caries.



Ayudando a Prevenir Caries

¿Sabía usted que 52 millones de horas escolares y 164 millones horas laborales se pierden anualmente debido a niños con caries y emergencias dentales?

- Selladores dentales son una capa especial pintada en la superficie de los dientes de atrás.
- Barniz de fluoruro es una capa especial de fluoruro pintada en todas las superficies de todos los dientes.

Fluoruro ayuda a fortalecer todos los dientes y los selladores dentales protegen la superficie de los dientes de atrás, los lugares más comunes en donde los niños forman caries. Estos servicios previenen tener que pagar para arreglar los dientes después.

Acompáñenos el **Sábado, 25 de febrero, 2017 de 8:30am – 12:00pm**, para obtener selladores dentales y barniz de fluoruro **gratis**. Este evento comunitario será disponible en varias zonas del condado. Puede elegir entre varios lugares:

- National City, Oceanside, Mira Mesa, Escondido, Fallbrook, Vista, Santee and San Diego

Niños de 1 a 18 años de edad sin recursos dentales pueden asistir acompañados con un padre o tutor.

Llame hoy para más información y para hacer cita al 619-692-8808.

Personas sin cita también bienvenidos.

¡Nos vemos ahí!



Getting Started

B. Form Utilization

- ♦ Where Do All the Forms Go

Where do all the Forms Go?



Name of form	Description	Where does it go?
Emergency contact	Yellow ½ sheet	Volunteer check in
Hep B verification	Blue ½ sheet	Volunteer check in
Consent to treat	Yellow full sheet	Check in
Sealant screening and treatment	Green full sheet	Check in/Paperwork
Thank you for coming (sealant exit form)	Green ½ sheet	Check in/paperwork
Post instructions (Sealants)	Green ½ sheet	Check out
Fluoride varnish screening and treatment	Blue full sheet	Check in/paperwork
Thank you for coming (fluoride varnish exit form)	Blue ½ sheet	Check in/paperwork
Post instructions (Fluoride varnish)	Blue ½ sheet	Check out
Oral health assessment	Pink full sheet	Check in or clinical areas
CHDP information	Color sheet	Check out

Getting Started

C. Volunteers

- ♦ Sample Volunteer Schedule
- ♦ Check In Directions
- ♦ Paperwork Station Directions
- ♦ Check Out Directions

Volunteer/Staff Schedule

Saturday, February 25, 2017

Coordinators	Name of Staff/Volunteers
	1.
	2.

Patient Check In	Name of Staff/Volunteers
	1.
	2.

Volunteer/Staff Schedule continued page 2

Dental Sealants Chairside	Name of Staff/Volunteers Placing Sealants (DDS, RDH, RDA with certificate)	Name of Staff/Volunteers Assisting (RDA, DA)
Chair 1	1.	1.
Chair 2	2.	2.
Chair 3	3.	3.
Chair 4	4.	4.
Chair 5	5.	5.
Sterilization and Reset		6.
Sterilization and Reset		7.

Screening/Fluoride Varnish	Name of Staff/Volunteers Screening	Name of Staff/Volunteers Recording and Resetting
	1.	1.
	2.	2.

Volunteer/Staff Schedule continued page 3

Patient Check Out	Name of Staff/Volunteers
	1.
	2.

Additional Volunteers (Optional)	Name of Staff/Volunteers
Volunteer Check in	1.
Runner	2.
Runner	3.
Paperwork	4.
Education	5.
Education	6.

Check in

Directions for Volunteers and Staff

1. Greet family and find out their appointment time.

2. Find name of child on appointment sheet.

- a. The appointment sheet is organized by time and service (sealants or fluoride varnish).
 - i. Sealant appointments are every 30 minutes.
 - ii. Fluoride varnish appointments are every 15 minutes.

Sample Pattern: 9:00: Sealant appointments

9:00: Fluoride varnish appointments

9:15: Fluoride varnish appointments

9:30: Sealant appointments

9:30: Fluoride varnish appointments

9:45: Fluoride varnish appointments

10:00: Sealant appointments

10:00: Fluoride varnish appointments

3. Highlight the names of the children.

- a. All names highlighted will reflect children who attended the event.

4. Gather one Consent to Treat form (yellow) per child.

- a. BEFORE GIVING IT TO THE PARENT, place child's first name on form. Then based on the appointment sheet, use the box at the top of the form and circle either S or FV depending on what service the child is to receive.
- b. Is there more than one child?
 - i. Number the family in the box at the top of the page
 - 1. Example: three children are attending: 1 of 3, 2 of 3, 3 of 3. This helps to keep the family all together.

5. Clip paperwork together.

- a. This help keep the family together.

6. Give the Consent to Treat forms to the parent to be filled out.

- a. Tell parent where to return forms. (There should be a bin nearby where paperwork will be turned in).
- b. Also, direct parent to the waiting area.

Paperwork Station

Directions for volunteers and staff

1. **Collect paperwork from bin near check in.**
 - a. Forms that are clipped together represent multiple children in a family. Keep these together.
 - b. Look for the box at the top that will say 1 of 2, 2 of 2, etc.
2. **Staple a Screening and Treatment form and a Thank you for Coming exit form (1/2 sheet) to each Consent to Treat form.** The exit form should be the top sheet.
 - a. Refer to the box at the top of the Consent to Treat form. S = sealants and FV = fluoride varnish.
 - i. Use green forms for children who are scheduled for sealants.
 - ii. Use blue forms for children who are scheduled for fluoride varnish.
3. **Transfer the information from the Consent to Treat form (yellow) to the Screening and Treatment form (either green or blue).**
4. **Re-clip multiple children in the same family together so they get called together.**
5. **Place paperwork in bin or give to volunteer to call the family.**

Check Out

Directions for Volunteers and Staff

1. **Collect all of the paperwork (from the bin nearby or volunteer runner).**
2. **Keep the Consent to Treat form (yellow) and the Screening and Treatment form (blue or green full page).** These pages will be used to collect data.
3. **Remove the Thank you for Coming exit form (blue or green ½ sheet).**
4. **Transfer information to the exit form from the screening form.**
5. **Explain to the parent what was done today.**
 - a. Example Sealant: Your child received two sealants today. We could not do sealants on the other two molars because there are cavities. It is important that your child be seen by a dentist to evaluate and repair or fill these teeth. Cavities do not go away and they can get larger and become painful and more expensive to fix.
 - b. Example Fluoride Varnish: Your child received fluoride varnish today and no obvious problems were visible.
 - c. Alert parents if Urgent Care is noted. These families should make appointments that day for the following week and/or followed up with a phone call. Share the Care can help to find help for these children if you are unable to see them.
6. **Remind all families that today was not comprehensive and that it is recommended that children see a dentist for a full exam and x-rays.**
7. **Give the Thank you for Coming exit form to the parent.**
8. **Provide an Access to Care Message!**
 - a. It is important to ask all families if they have dental insurance.
 - b. If they do not, provide resources and information.
 - c. Have staff available to assist families with the process.
 - d. Refer families to your facility and make appointments on site.
 - e. Provide Dental Road Maps (originals provided for copying).
9. **Provide each child with a goodie bag!**

Getting Started

D. Patient Appointments

- ♦ How to Make Appointments
- ♦ Sample Appointment Sheet
- ♦ Directions For Walk In Patients
- ♦ Walk in Patient Tracking Sheet

Directions for Making Appointments for Dental Sealants and Fluoride Varnish Clinics

- 1. Find out what clinic location is best for the family.**
 - a. There are multiple locations. All sites provide dental sealants and fluoride varnish. All clinics are advertised as open from 8:30am – 12:00pm.
- 2. Go to clinic appointment sheet.**
- 3. Ask parent what time is preferred.**
 - a. Appointments for dental sealants are every 30 minutes.
 - b. Appointments for fluoride varnish are every 15 minutes.
- 4. Gather the following information for each child:**
 - a. Age
 - i. Children 6 – 18 years old are eligible for dental sealants.
 - ii. Children 5 years and under with teeth are eligible for fluoride varnish.
 - b. Name of child
 - c. Name of parent
 - d. Phone number
 - e. # in family
 - i. If there is more than one child in a family with appointments, number them 1 of x, 2 of x, 3 of x, etc. This is used on the day of the event to help track families.
 - f. Confirm
 - i. This is used when the appointments are confirmed.
- 5. Ask parents to arrive 10 minutes early to fill out paperwork. Also, advise parent that they will receive a reminder call the week of the event.**

Important:

- If appointments are full, families can walk in.
- If dental sealant appointments are full, an appointment can be made for fluoride varnish. All age children can receive fluoride varnish.
- Definition of dental sealants and fluoride varnish are on the flyer.

Questions?

Please contact me with questions. **Nancy Starr, cell 858-349-1373 or nandmstarr@yahoo.com**

Clinic Name and Location Here

Appointments for Saturday, February 25, 2017

8:30 Dental Sealants (Children 6 – 18yrs)

Child's Name	Age	Parent's Name	Phone	# in family	Confirm
Lena Dejorna	6	Carla Jacob	(760)333-4444	1 of 1	
Lydia Gomez	9	Tina Gomez	619-555-6666	1 of 1	
Jacob Martin	11	Mary Martin	(760)777-8888	1 of 2	

Important Reminders:

Do not make more appointments then there are spaces provided.

There is one appointment time and one service per page.

8:30 Fluoride Varnish (All ages)

Child's Name	Age	Parent's Name	Phone	# in family	Confirm
Kerry Martin	3	Mary Martin	(760)777-8888	2 of 2	

Walk In Patients

Directions for Volunteers and Staff

- 1. If a family does not have an appointment, fill in the information on the Walk In sheet (Name of child, age, name of parent, phone).**
 - a. This will help track the number of walk in patients seen (you do report this number).
 - b. It will also help if any follow up is needed.
- 2. Have the parent fill out one consent form per child just like families with appointments**
 - a. Place the first name on the form and use the coding at the top to decipher if the child is getting sealants or fluoride varnish.
 - i. Children who are 6 years and older can receive sealants.
 1. Ask a Lead staff to check first to see if the clinic is able to see additional children.
 2. If the clinic cannot see the child for sealants, offer fluoride varnish.
 - ii. Children 5 years and younger can receive fluoride varnish.

Helpful Hints:

- Use the appointment sheet as a guide.
- Look for patients who were not scheduled or did not show to help decide if you can see those without appointments.
- Add walk ins to later appointment times that may not have filled.

Walk Ins
Give Kids A Smile Event - Saturday, February 25, 2017

Give Kids A Smile Event - Saturday, February 25, 2017

[illegible]

The Event Day

E. Volunteer Forms

- ♦ Sample Volunteer Sign In
- ♦ Volunteer Emergency Contact Information
- ♦ Hepatitis B Vaccination Verification

Clinic Location: _____

Volunteer Sign in

Give Kids A Smile – February 25, 2017

[illegible]

Give Kids A Smile
Saturday, February 25, 2017
Volunteer Emergency Contact information

Name of volunteer:_____

In case of an emergency, please contact:

Name:_____ Phone #:_____

Name:_____ Phone #:_____

Give Kids A Smile
Saturday, February 25, 2017
Volunteer Emergency Contact information

Name of volunteer:_____

In case of an emergency, please contact:

Name:_____ Phone #:_____

Name:_____ Phone #:_____

Sealant and Fluoride Varnish Clinics Hepatitis B Vaccination Verification

I have had a Hepatitis B vaccination and to the best of my knowledge it is current.

Print Name

Signature

Date

Sealant and Fluoride Varnish Clinics Hepatitis B Vaccination Verification

I have had a Hepatitis B vaccination and to the best of my knowledge it is current.

Print Name

Signature

Date

The Event Day

F: Patient Forms

- ♦ Fluoride Varnish and Sealant Clinic Consent to Treat
- ♦ Dental Sealant Screening and Treatment
- ♦ Fluoride Varnish Screening and Treatment
- ♦ Thank You for Coming (Dental Sealant Exit Form)
- ♦ Thank You for Coming (Fluoride Varnish Exit Form)
- ♦ Oral Health Assessment Form

Fluoride Varnish and Sealant Clinic Consent to Treat



Dear Parent/Guardian,

Thank you for bringing your child to receive free fluoride varnish or sealants! First, a dentist will examine your child’s teeth. The dentist will decide which teeth need to be treated. Those teeth will be coated with fluoride varnish or a plastic sealant.

Fluoride varnish helps keep teeth strong. It is painted on all surfaces of all teeth to help prevent cavities. This does not stop cavities from forming. Proper brushing and flossing will help reduce that risk.

Sealants “seal” out food and bacteria that can cause cavities. Sealants are a strong white coating placed on the tops of back molars. This does not stop cavities from forming. Proper brushing and flossing will help reduce that risk.

Name of child

Child’s birth date

Name of child’s school

Phone

Home zip code

Has your child had: (please circle yes or no)

Asthma:.....

Yes

No

Allergic reaction to latex:.....

Yes

No

Allergic reaction to fluoride or pine sap:.....

Yes

No

Have you ever been told that your child needs antibiotics before dental treatment?.....

Yes

No

I am aware that fluoride varnish and sealants placed on the teeth do not eliminate the need for routine dental exams and x-rays as determined by a dentist. Regular dental check-ups twice a year are still needed. **I give permission for my child to receive fluoride varnish or dental sealants.**

Signature of parent/guardian

Today’s date

Clínica de Selladores Dentales y Barniz de Fluoruro
Consentimiento para Tratamiento



Estimado Padre de Familia:

Gracias por traer a su niño(a) a que reciba selladores dentales o barniz de fluoruro gratis. Un dentista examinará los dientes de su niño(a). El dentista decidirá cuales dientes posteriores (de atrás) necesitan tratamiento. Éstos serán cubiertos con un sellador plástico o con barniz de fluoruro.

El barniz de fluoruro ayuda a mantener los dientes fuertes. El barniz es aplicado sobre las superficies de los dientes para ayudar a prevenir las caries. Esto no evita que se formen caries. El cepillo apropiado y uso de hilo dental ayudan a reducir ese riesgo.

Los selladores no permiten la penetración de comida o bacterias que causan caries. Los selladores son fuertes capas blancas colocadas en la parte de arriba de los molares. Esto no evita que se formen caries. El cepillo apropiado y uso de hilo dental ayudan a reducir ese riesgo.

Nombre del niño/niña

Fecha de nacimiento

Nombre de la escuela de su niño/niña

Teléfono

Zona postal de su hogar

Su niño/niña ha tenido o tiene problemas: (Circule sí o no)

Asma:.....

Sí

No

Reacción alérgica al látex.....

Sí

No

Reacción alérgica al fluoruro o pino.....

Sí

No

¿Le han dicho que su hijo (a) necesita antibióticos antes de un trabajo dental?.....

Sí

No

Estoy enterado que el barniz de fluoruro y los selladores colocados en los dientes posteriores (de atrás) como medida preventiva, no eliminan la necesidad de un examen dental rutinario ni el estudio radiográfico determinado por el dentista. Se sigue recomendando que visite al dentista dos veces al año. **Mi niño(a) tiene mi autorización para recibir barniz de fluoruro o selladores dentales.**

Firma: Persona autorizada para dar consentimiento en nombre del paciente

Fecha de hoy

Dental Sealant Screening and Treatment Form

Name _____

Date of birth _____

Treatment provided:

Tooth	Sealant placed:	If no, why: Circle all that apply			
2	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)
3	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)
14	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)
15	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)
18	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)
19	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)
30	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)
31	Yes No	Decay	Existing Filling	Already sealed	Not erupted (not visible)

☐

Fluoride varnish was placed.

☐

Child was unable to cooperate today.
No sealants could be placed.

Future Recommendation: Mark 1 box

☐

No obvious problem found. Continue receiving routine, preventive dental care.

☐

Early dental care recommended (caries without pain or infection or child would benefit from further evaluation). Contact a dentist soon.

☐

Urgent care needed (pain infection, swelling, or soft tissue lesions). Contact a dentist immediately.

Provider Name: _____

Comments: _____

Fluoride Varnish Screening and Treatment Form

Name _____

Date of birth _____

Treatment provided:

Visual screening performed:	Yes	No
Fluoride varnish was placed:	Yes	No

☐

Child was unable to cooperate today.

Screening Results: Circle all that apply

No obvious problem	Visible decay	Fillings present
--------------------	---------------	------------------

Future Recommendation: Mark 1 box☐

No obvious problem found. Continue receiving routine, preventive dental care.

☐

Early dental care recommended (caries without pain or infection or child would benefit from further evaluation). Contact a dentist soon.

☐

Urgent care needed (pain infection, swelling, or soft tissue lesions). Contact a dentist immediately.

Provider Name: _____

Comments: _____

Thank You for Coming!

Name _____

Saturday, February 25, 2017

Treatment provided:

If no sealant placed, why:

Tooth	Sealant Placed:		Cavity (decay)	Existing filling	Already sealed	Not visible (Not erupted)
2	Yes	No				
3	Yes	No				
14	Yes	No				
15	Yes	No				
18	Yes	No				
19	Yes	No				
30	Yes	No				
31	Yes	No				

☐

Fluoride varnish was placed.
No sealants could be placed.

☐

Child was unable to
cooperate today.

Future Recommendation: Mark 1 box

☐

No obvious problem found. Continue receiving routine, preventive dental care.

☐

Early dental care recommended (cavity without pain or infection or child would benefit from further evaluation). Contact a dentist soon.

☐

Urgent care needed (pain infection, swelling, or soft tissue lesions). Contact a dentist immediately.

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year.

Remember, dental health is part of total health!

Thank You for Coming!

Name _____

Saturday, February 25, 2017

Treatment provided:

If no sealant placed, why:

Tooth	Sealant Placed:		Cavity (decay)	Existing filling	Already sealed	Not visible (Not erupted)
2	Yes	No				
3	Yes	No				
14	Yes	No				
15	Yes	No				
18	Yes	No				
19	Yes	No				
30	Yes	No				
31	Yes	No				

☐

Fluoride varnish was placed.
No sealants could be placed.

☐

Child was unable to
cooperate today.

Future Recommendation: Mark 1 box

☐

No obvious problem found. Continue receiving routine, preventive dental care.

☐

Early dental care recommended (cavity without pain or infection or child would benefit from further evaluation). Contact a dentist soon.

☐

Urgent care needed (pain infection, swelling, or soft tissue lesions). Contact a dentist immediately.

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year.

Remember, dental health is part of total health!

¡Gracias Por Venir!

Nombre _____

Sabado, 25 Febrero, 2017

Tratamiento recibido: Si no se aplicaron selladores, **porque:**

Diente	Sellador Aplicado:	Caries	Amalgamas visibles	Sellados Previamente	Ausente	No eruptado
2	Si No					
3	Si No					
14	Si No					
15	Si No					
18	Si No					
19	Si No					
30	Si No					
31	Si No					

☐

Fluoruro fue aplicado.
Selladores no se pudieron

☐

El niño(a) no pudo
coperar hoy.

Recomendación para el futuro: Marquar 1 caja:

☐

No hay evidencia de caries. Continúe recibiendo cuidado dental preventivo regularmente.

☐

Se recomienda atención dental temprana (caries sin dolor o infección serian beneficiadas por una evaluacion mas profunda). Visite al dentista lo más pronto posible.

☐

Se necesita atención de urgencia (dolor con infección o inflamación) Contacte al dentista inmediatamente.

¡La visita de hoy no substituye un examen dental rutinario. Visite al dentista dos veces al año. Recuerde, la salud dental es parte de la salud total!

¡Gracias Por Venir!

Nombre _____

Sabado, 25 Febrero, 2017

Tratamiento recibido: Si no se aplicaron selladores, **porque:**

Diente	Sellador Aplicado:	Caries	Amalgamas visibles	Sellados Previamente	Ausente	No eruptado
2	Si No					
3	Si No					
14	Si No					
15	Si No					
18	Si No					
19	Si No					
30	Si No					
31	Si No					

☐

Fluoruro fue aplicado.
Selladores no se pudieron

☐

El niño(a) no pudo
coperar hoy.

Recomendación para el futuro: Marquar 1 caja:

☐

No hay evidencia de caries. Continúe recibiendo cuidado dental preventivo regularmente.

☐

Se recomienda atención dental temprana (caries sin dolor o infección serian beneficiadas por una evaluacion mas profunda). Visite al dentista lo más pronto posible.

☐

Se necesita atención de urgencia (dolor con infección o inflamación) Contacte al dentist inmediatamente.

¡La visita de hoy no substituye un examen dental rutinario. Visite al dentista dos veces al año. Recuerde, la salud dental es parte de la salud total!

Thank You for Coming!

Name _____

Saturday, February 25, 2017

Treatment provided:

Visual screening performed:	Yes	No
Fluoride varnish was placed:	Yes	No

☐

Child was unable to cooperate today.

Screening Results: Circle all that apply

No obvious problem	Visible decay	Fillings present
--------------------	---------------	------------------

Future Recommendation: Mark 1 box

☐

No obvious problem found. Continue receiving routine, preventive dental care.

☐

Early dental care recommended (cavity without pain or infection or child would benefit from further evaluation). Contact a dentist soon.

☐

Urgent care needed (pain infection, swelling, or soft tissue lesions). Contact a dentist immediately.

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year. Remember, dental health is part of total health!

Thank You for Coming!

Name _____

Saturday, February 25, 2017

Treatment provided:

Visual screening performed:	Yes	No
Fluoride varnish was placed:	Yes	No

☐

Child was unable to cooperate today.

Screening Results: Circle all that apply

No obvious problem	Visible decay	Fillings present
--------------------	---------------	------------------

Future Recommendation: Mark 1 box

☐

No obvious problem found. Continue receiving routine, preventive dental care.

☐

Early dental care recommended (cavity without pain or infection or child would benefit from further evaluation). Contact a dentist soon.

☐

Urgent care needed (pain infection, swelling, or soft tissue lesions). Contact a dentist immediately.

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year. Remember, dental health is part of total health!

¡Gracias Por Venir!

Nombre _____

Sabado, 25 Febrero, 2017

Tratamiento recibido:

Examen Visible fue recibido:	Si	No
Fluoruro con Varniz fue aplicado:	Si	No

☐

El niño(a) no pudo coperar hoy.

Resultado del examen: Círcule todos los que apliquen

No hay evidencia de caries	Hay caries visibles	Hay Amalgamas visibles
----------------------------	---------------------	------------------------

Recomendación para el futuro: Marquar 1 caja:

☐

No hay evidencia de caries. Continúe recibiendo cuidado dental preventivo regularmente.

☐

Se recomienda atención dental temprana (caries sin dolor o infección serian beneficiadas por una evaluacion mas profunda). Visite al dentista lo más pronto posible.

☐

Se necesita atención de urgencia (dolor con infección o inflamación) Contacte al dentista inmediatamente.

¡La visita de hoy no substituye un examen dental rutinario. Visite al dentista dos veces al año. Recuerde, la salud dental es parte de la salud total!

¡Gracias Por Venir!

Name _____

Saturday, February 25, 2017

Tratamiento recibido:

Examen Visible fue recibido:	Si	No
Fluoruro con Varniz fue aplicado:	Si	No

☐

El niño(a) no pudo coperar hoy.

Resultado del examen: Círcule todos los que apliquen

No hay evidencia de caries	Hay caries visibles	Hay Amalgamas visibles
----------------------------	---------------------	------------------------

Recomendación para el futuro: Marquar 1 caja:

☐

No hay evidencia de caries. Continúe recibiendo cuidado dental preventivo regularmente.

☐

Se recomienda atención dental temprana (caries sin dolor o infección serian beneficiadas por una evaluacion mas profunda). Visite al dentista lo más pronto posible.

☐

Se necesita atención de urgencia (dolor con infección o inflamación) Contacte al dentista inmediatamente.

¡La visita de hoy no substituye un examen dental rutinario. Visite al dentista dos veces al año. Recuerde, la salud dental es parte de la salud total!

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay 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)
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 35%; border-top: 1px solid black; text-align: center;"> <i>Licensed Dental Professional Signature</i> </div> <div style="width: 30%; border-top: 1px solid black; text-align: center;"> <i>CA License Number</i> </div> <div style="width: 30%; border-top: 1px solid black; text-align: center;"> <i>Date</i> </div> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

☐ I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:

☐ Medi-Cal/Denti-Cal ☐ Other: _____ ☐ None

☐ I cannot afford an oral health screening for my child.

☐ I do not want my child to receive an oral health screening.

☐ Optional: other reasons my child could not get an oral health screening: _____

Please sign if asking to waive Oral Health Assessment Requirement: _____

Signature of parent or guardian 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 contact your school office.

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.

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services

For more information, please call (619) 692-8808



LIVE WELL
SAN DIEGO

Child Health and Disability Prevention
Program MCFHS/OHA/ES 11/2016

Oral Health Assessment Form

La ley de California (Sección 49452.8 del *Código de Educación*) requiere que su hijo/a se haga un chequeo dental antes del 31 de mayo de su primer año en una escuela pública. Un profesional de la salud dental matriculado de California que trabaje dentro de su área de especialización debe realizar el chequeo y completar la Sección 2 de este formulario. Si su hijo/a tuvo un chequeo dental en los 12 meses anteriores al comienzo del año escolar, pídale a su dentista que complete la Sección 2. Si no puede conseguir un chequeo dental para su hijo/a, complete la Sección 3.

Sección 1: Información del niño/a (debe ser llenada por el padre/la madre/el tutor)

Primer nombre del niño/a:	Apellido del niño/a:	Inicial del Segundo nombre:	Fecha de nacimiento del niño/a:
Domicilio:			Apto.:
Ciudad:			Código Postal:
Nombre de la escuela:	Maestro/a:	Grado:	Sexo del niño/a: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre/la madre/el tutor:	Raza u origen étnico (____): <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Africano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Nativo de Hawai o Islas de Pacífico <input type="checkbox"/> Multiracial <input type="checkbox"/> Americano Nativo <input type="checkbox"/> Unknown <input type="checkbox"/> Desconocido <input type="checkbox"/> Otro (especificar)_____		

Sección 2: Información de salud dental (Debe ser llenada por un profesional de la salud dental matriculado de California)

NOTA IMPORTANTE: Considere cada casilla por separado. Marque cada casilla que corresponda para cada sección.

Fecha de la evaluación / Assessment Date:	Incidencia de caries (caries visibles y o empastes presentes) / Caries Experience (Visible decay and/or fillings present): <input type="checkbox"/> Sí/Yes <input type="checkbox"/> No/No	Caries visibles presentes / <i>Visible decay present</i> : <input type="checkbox"/> Sí/Yes <input type="checkbox"/> No/No	Urgencia de tratamiento: <input type="checkbox"/> Ningún problema obvio / <i>No obvious problem found</i> <input type="checkbox"/> Se recomienda atención dental temprana (caries sin dolor o infección; o el niño/a de beneficiará del sellador dental o de una evaluación adicional) / <i>Early dental care recommended (Caries without pain or infection, or child would benefit from sealants or further evaluation)</i> <input type="checkbox"/> Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) / <i>Urgent care needed (pain, infection, swelling, or soft tissue lesions)</i> .
<hr/>			
_____ <i>Licensed Dental Professional Signature / Firma del profesional dental matriculado</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

Sección 3: Exención del requisito de evaluación de salud dental

Debe ser completado por el padre/la madre/el tutor que solicita que su hijo/a sea eximido de este requisito.

Solicito que me hijo sea dispensado este chequeo dental porque: (marque la casilla que mejor indique la razón)	
<input type="checkbox"/> No puedo encontrar un consultorio dental que acepte el plan del seguro dental de mi hijo/a. El plan de seguro dental de mi hijo/a es: <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> Otro: _____ <input type="checkbox"/> Ninguna	
<input type="checkbox"/> No puedo pagar el chequeo dental de me hijo/a.	
<input type="checkbox"/> No quiero que a mi hijo/a se le haga un chequeo dental.	
<input type="checkbox"/> Opcional: otras razones por las cuales mi hijo/a no pudo obtener un chequeo dental: _____	
Por favor firme si pide ser dispensado del requisito de recibir la evaluación de salud dental: _____	
_____ <i>Firma del padre/la madre/el tutor</i>	
_____ <i>Fecha</i>	

La ley establece que las escuelas mantengan la privacidad de la información médica de los estudiantes. El nombre de su hijo/a no formará parte de ningún informe que se realice como resultado de esta ley. Esta información sólo puede ser utilizada para fines relacionados con la salud de su hijo/a. Si tiene alguna pregunta, comuníquese con la escuela.

Regrese este formulario a la escuela antes del 31 de mayo del primer año escolar de su hijo/a.

El original de este formulario será guardado en el registro escolar del menor.

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services Agency
Para mas informacion, por favor llame (619) 692-8808



**LIVE WELL
SAN DIEGO**

Child Health and Disability Prevention
Program MCFHS/OHA/ES 11/2016

The Event Day

G: Information for Families

- ◆ Post Instructions for Dental Sealants
- ◆ Post Instructions for Fluoride Varnish
- ◆ Dental Road Maps for All Areas
- ◆ Photo Release

Dear Parents!

Your child has just received dental sealants to help prevent tooth decay. Here are a few simple guidelines to remember about dental sealants to help them be most effective for your child.

1. No chewing on ice or hard candy.
2. Have the sealants rechecked every year.

Daily brushing and flossing helps protect the sealants and between the teeth where cavities often develop.

Thank you for participating in this dental sealant clinic. Your child's teeth will benefit!

Dear Parents!

Your child has just received dental sealants to help prevent tooth decay. Here are a few simple guidelines to remember about dental sealants to help them be most effective for your child.

1. No chewing on ice or hard candy.
2. Have the sealants rechecked every year.

Daily brushing and flossing helps protect the sealants and between the teeth where cavities often develop.

Thank you for participating in this dental sealant clinic. Your child's teeth will benefit!

Estimados Padres de Familia,

Su hijo/a acaba de recibir selladores dentales para ayudar a prevenir caries. Estas son algunas indicaciones sobre los selladores dentales para asegurar que tengan el mejor resultado para su hijo/a.

1. No permita que su hijo/a muerda hielo o dulces duros.
2. Los selladores se deben de revisar cada año.

El cepillar los dientes ayuda a proteger los selladores. Use el hilo dental entre medio de los dientes donde las caries regularmente se forman.

Gracias por haber participado en esta clinica de selladores dentales. ¡Los dientes de su hijo/a se beneficiarán!

Estimados Padres de Familia,

Su hijo/a acaba de recibir selladores dentales para ayudar a prevenir caries. Estas son algunas indicaciones sobre los selladores dentales para asegurar que tengan el mejor resultado para su hijo/a.

1. No permita que su hijo/a muerda hielo o dulces duros.
2. Los selladores se deben de revisar cada año.

El cepillar los dientes ayuda a proteger los selladores. Use el hilo dental entre medio de los dientes donde las caries regularmente se forman.

Gracias por haber participado en esta clinica de selladores dentales. ¡Los dientes de su hijo/a se beneficiarán!

Dear Parents!

Your child has just received a fluoride varnish treatment to help prevent tooth decay. Here are a few simple guidelines to help the fluoride varnish be most effective for your child.

1. Do not give anything to eat or drink for 30 minutes.
2. Give only soft foods, like soup, sugar-free Jell-o or pudding, cheese, eggs, cooked cereal or tortillas, until lunch tomorrow.
3. Begin brushing and flossing your child's teeth after lunch tomorrow.

The child's teeth will look slightly yellow from the varnish. Do not be concerned. The yellow color will disappear, usually in 2 days.

Thank you for participating in this fluoride varnish clinic. Your child's teeth will benefit!

Dear Parents!

Your child has just received a fluoride varnish treatment to help prevent tooth decay. Here are a few simple guidelines to help the fluoride varnish be most effective for your child.

1. Do not give anything to eat or drink for 30 minutes.
2. Give only soft foods, like soup, sugar-free Jell-o or pudding, cheese, eggs, cooked cereal or tortillas, until lunch tomorrow.
3. Begin brushing and flossing your child's teeth after lunch tomorrow.

The child's teeth will look slightly yellow from the varnish. Do not be concerned. The yellow color will disappear, usually in 2 days.

Thank you for participating in this fluoride varnish clinic. Your child's teeth will benefit!

Estimados Padres de Familia,

Su hijo/a acaba de recibir un tratamiento de barniz de fluoruro para ayudar a prevenir caries. Estas son algunas sugerencias sobre el cuidado de los dientes para asegurar que el barniz de fluoruro tenga el mejor resultado.

1. No permita que su hijo/a coma ni beba nada por 30 minutos.
1. Dé solamente comidas blandas como sopa, gelatina sin azúcar, pudín, queso, huevo, avena o tortillas, hasta la comida de mañana.
2. Puede usar hilo dental y cepillar los dientes de su hijo/a después del almuerzo de mañana.

Los dientes de su hijo/a se verán un poco amarillos por el barniz. No se preocupe. Por lo regular, este color desaparecerá dentro de dos días.

Gracias por haber participado en esta clinica de barniz de fluoruro. ¡Los dientes de su hijo/a se beneficiarán!

Estimados Padres de Familia,

Su hijo/a acaba de recibir un tratamiento de barniz de fluoruro para ayudar a prevenir caries. Estas son algunas sugerencias sobre el cuidado de los dientes para asegurar que el barniz de fluoruro tenga el mejor resultado.

1. No permita que su hijo/a coma ni beba nada por 30 minutos.
2. Dé solamente comidas blandas como sopa, gelatina sin azúcar, pudín, queso, huevo, avena o tortillas, hasta la comida de mañana.
3. Puede usar hilo dental y cepillar los dientes de su hijo/a después del almuerzo de mañana.

Los dientes de su hijo/a se verán un poco amarillos por el barniz. No se preocupe. Por lo regular, este color desaparecerá dentro de dos días.

Gracias por haber participado en esta clinica de barniz de fluoruro. ¡Los dientes de su hijo/a se beneficiarán!

A Road Map to Community Dental Clinics in Central Region

Guía de las Clínicas Dentales de la Comunidad en la Región Central

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Call the San Diego County Dental Society at 619-275-0244 for referrals to private dental offices or call 2-1-1 for more information on community dental clinics throughout San Diego.

Llama a la Sociedad Dental del Condado de San Diego al 619-275-0244 para referencias a oficinas privadas dentales o marque 2-1-1 para mayor información sobre las clínicas dentales de la comunidad a través del Condado de San Diego.



Children's Dental Health Center

1270 24th St.,
 San Diego, CA 92102

(619) 234-8131

M-Th: 8:30AM-4:30PM

F: 8:30AM-3:30PM

Services / Servicios dentales:

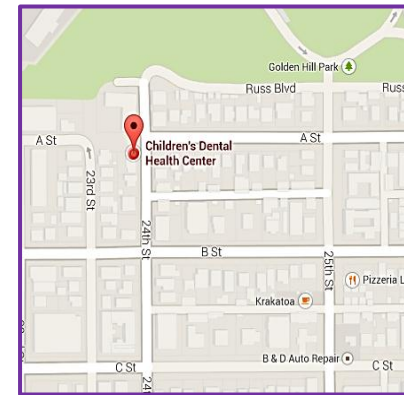
Children's dentistry (up to age 20) / Para niños (hasta 20 años)

Insurance / Seguro:

Medi-Cal and CHDP. No private insurance accepted. \$30 free for initial check-up, including x-ray. / Se acepta Medi-Cal y CHDP. No se acepta ningún seguro privado. \$30 honorario para el examen inicial, incluye radiografía.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Comprehensive Health Center – Ocean View - San Ysidro



3177 Ocean View Blvd.
 San Diego, CA 92113

(619) 398-1534

M-F: 8:00AM-5:00PM

Sat: 8:00AM-12:00PM

Services / Servicios dentales:

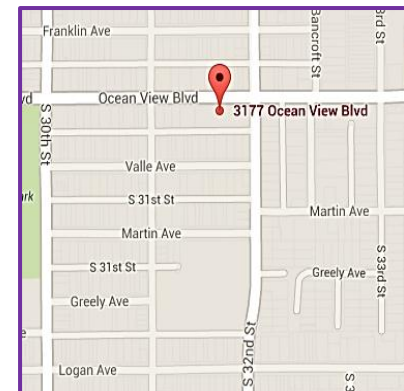
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in Central Region

Guía de las Clínicas Dentales de la Comunidad en la Región Central

City Heights Dental Clinic Family Health Center



5454 El Cajon Blvd.
San Diego, CA 92115
(619) 515-2442
M-F: 8:15AM-5:00PM

Services / Servicios dentales:

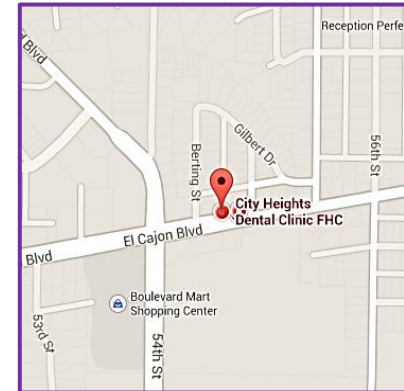
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Diamond Neighborhoods Family Health Center



4725 Market St.
San Diego, CA 92102
(619) 515-2420
M-F: 8:30AM-5:30PM

Services / Servicios dentales:

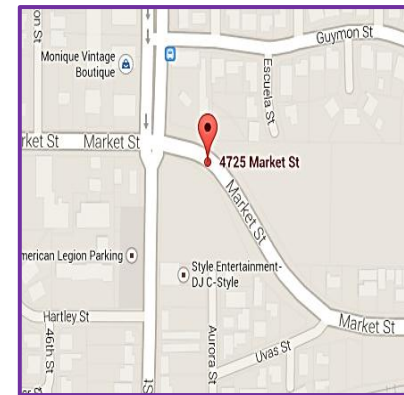
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Elm Street Family Health Center



140 Elm St.
San Diego, CA 92101
(619) 515-2543
T & Th: 8:00AM-5:00PM

Services / Servicios dentales:

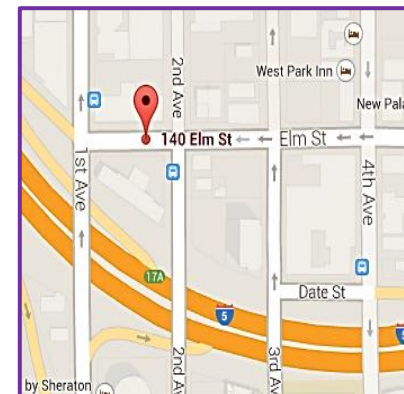
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in Central Region

Guía de las Clínicas Dentales de la Comunidad en la Región Central

Hillcrest (North Park) Family Health Center



3544 30th St.
San Diego, CA 92104
(619) 515-2434
M-F: 8:15AM-5:00PM

Services / Servicios dentales:

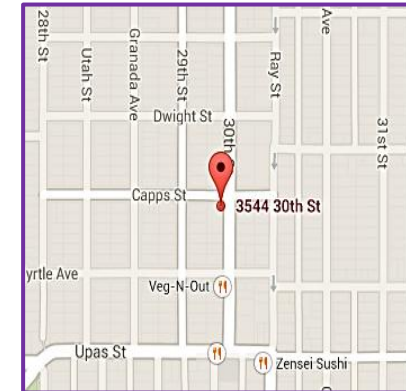
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla ingles y español



King-Chavez Health Center San Ysidro



950 S Euclid Ave.
San Diego, CA 92114
(619) 205-6348
M-F: 8:00AM-5:00PM

Services / Servicios dentales:

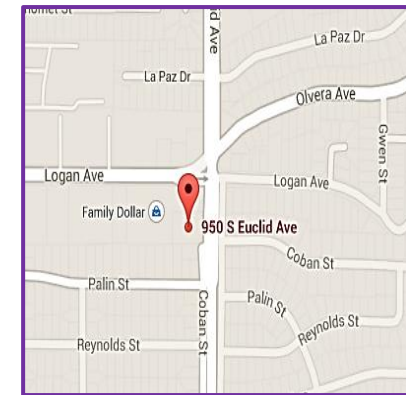
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla ingles y español



La Maestra Community Health Centers - Fairmount Dental Clinic



4060 Fairmount Ave.
1st floor and 3rd floor
San Diego, CA 92105
(619) 564-7018 (1st fl.)
(619) 961-0801 (3rd fl.)
M-F: 8:30AM-5:30PM*
*Lunch 12:00PM-1:00PM
Sat: 8:00AM-2:00PM

Services / Servicios dentales:

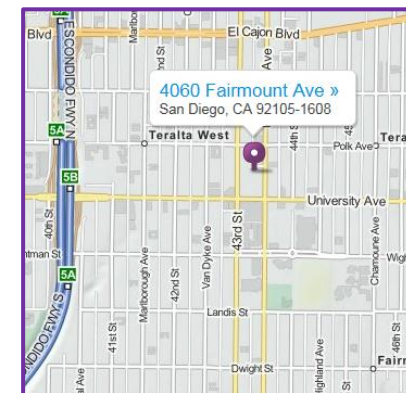
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English, Spanish, Tagalog, and Somali / Se habla ingles, español, tagalog, y somali



A Road Map to Community Dental Clinics in Central Region

Guía de las Clínicas Dentales de la Comunidad en la Región Central

La Maestra Community Health Centers - University Dental Clinic



4305 University Ave.
Ste. 120 and 150
San Diego, CA 92105

(619) 501-1235

M-F: 8:00AM-5:00PM*

*Lunch 12:00PM-1:00PM

Sat: 8:00AM-2:00PM

Services / Servicios dentales:

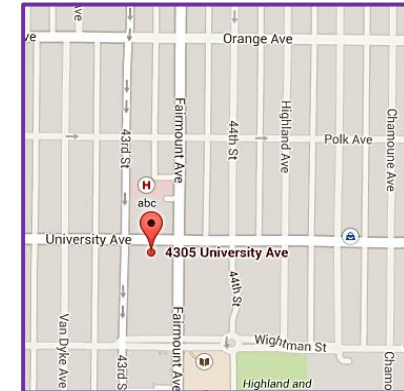
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English, Spanish, Tagalog, and Somali / Se habla ingles, español, tagalog, y somali



Logan Heights Family Health Center



1809 National Ave.
San Diego, CA 92113

(619) 515-2394

M-Sat: 8:30AM-5:00PM

Services / Servicios dentales:

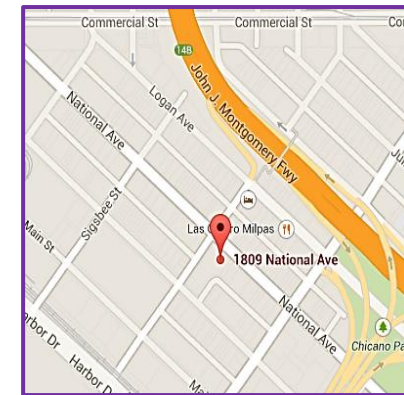
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla ingles y español



San Diego American Indian Health Center



2630 First Ave.
San Diego, CA 92103

(619) 234-2158

M-F: 8:00AM-5:00PM

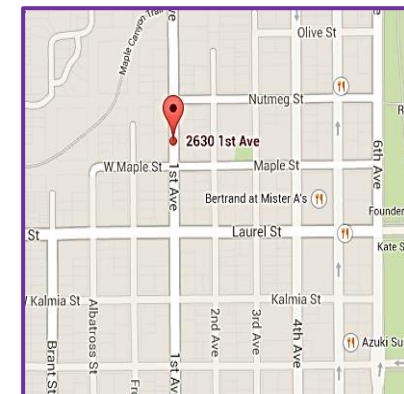
Services / Servicios dentales:

Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, Medicare, PPOs, BCEDP, and other insurances accepted. / Se acepta Denti-Cal, CHDP, Medicare, PPOs, BCEDP, y otros seguros. Languages Spoken / Idiomas:

English and Spanish / Se habla ingles y español



A Road Map to Community Dental Clinics in East Region

Guía de las Clínicas Dentales de la Comunidad en la Región Este

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Grossmont Spring Valley Family Health Center



8788 Jamacha Rd.
Spring Valley, CA 91977
(619) 515-2330
M-F: 8:15AM-5PM

Services / Servicios dentales:

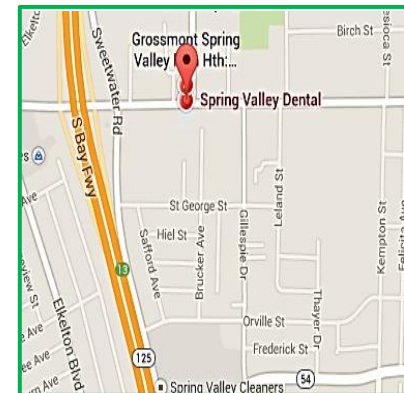
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal, CHDP, and other insurances accepted. Adjusted fee scale also available. / Se acepta Medi-Cal, CHDP, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English, Spanish, and Chinese / Se habla inglés, español, y chino.



La Maestra Community Health Centers - El Cajon Dental Clinic



183 S First St.
El Cajon, CA 92019
(619) 328-1335
M-F: 8:30AM-5:30PM*
*Lunch 12:00PM-1:00PM
Sat: 8:00AM-2:00PM

Services / Servicios dentales:

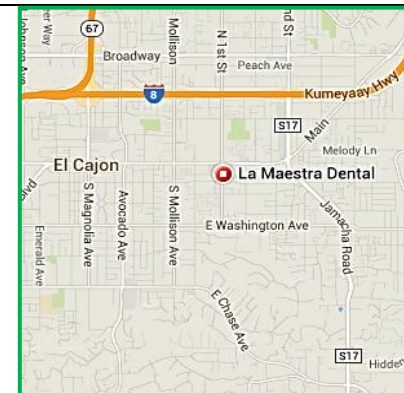
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal, CHDP, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Medi-Cal, CHDP, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English, Spanish, Tagalog, Somali, Arabic, and Chaldean / Se habla inglés, español, tagalog, somalí, árabe, y caldea.



A Road Map to Community Dental Clinics in East Region

Guía de las Clínicas Dentales de la Comunidad en la Región Este

Neighborhood Healthcare - Lakeside



10039 Vine St.
Lakeside, CA 92040
(619) 390-9975
M-F: 8AM-5PM
Sat: 8AM-2PM

Services / Servicios dentales:

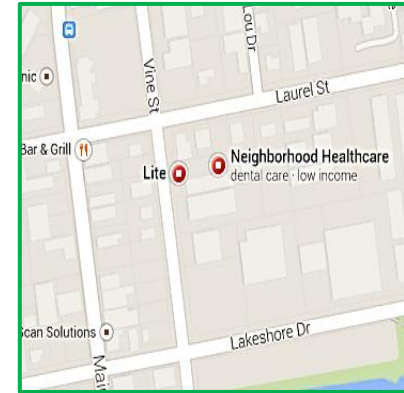
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal, LIHP, CMS, HealthMed, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Medi-Cal, LIHP, CMS, HealthMed, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Southern Indian Health Council - Alpine Clinic



4058 Willows Rd.
Alpine, CA 91901
(619) 445-1188 x440
M-F: 8AM-4:30PM

Services / Servicios dentales:

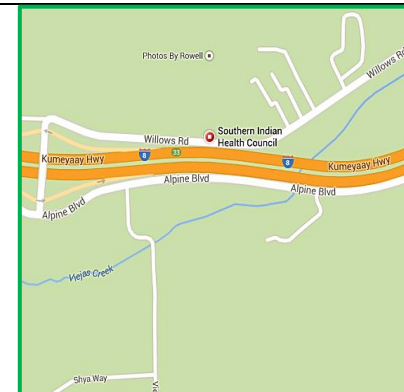
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medicare, Medi-Cal, CHDP, and other insurances accepted. Cash patients get 20% discount. / Se acepta Medicare, Medi-Cal, CHDP, y otros seguros. Clientes pagando en efectivo reciben un 20% de descuento.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Southern Indian Health Council - Campo Clinic



36350 Church Rd.
Campo, CA 91906
(619) 445-1188 x740
M-F: 8AM-4:30PM

Services / Servicios dentales:

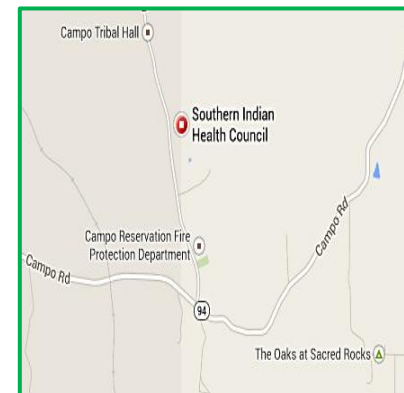
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medicare, Medi-Cal, CHDP, and other insurances accepted. Cash patients get 20% discount. / Se acepta Medicare, Medi-Cal, CHDP, y otros seguros. Clientes pagando en efectivo reciben un 20% de descuento.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in East Region

Guía de las Clínicas Dentales de la Comunidad en la Región Este

La Maestra Community Health Centers - El Cajon City



1032 Broadway
El Cajon, CA 92109
(619) 795-5983
M-F: 8:30AM-5:30PM

Services / Servicios dentales:

Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal, Dental PPO plans, other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, planes Dental PPO, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish, Arabic translations available / Se habla inglés y español, traducciones disponibles en árabe.



A Road Map to Community Dental Clinics in North Central Region

Guía de las Clínicas Dentales de la Comunidad en la Región Central Norte

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Operation Samahan Mira Mesa Clinic

10737 Camino Ruiz, Ste.
235
San Diego, CA 92126
(858) 578-4220
M-F: 8:30AM-5:00PM

Services / Servicios dentales:

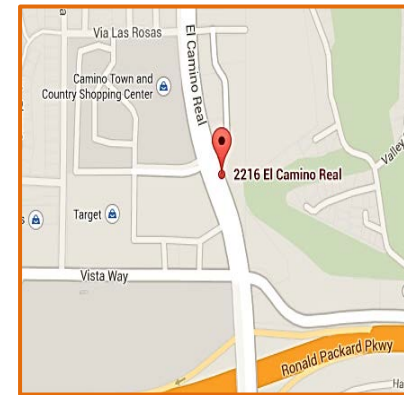
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



San Ysidro San Diego Children's Dental Center

8110 Birmingham Way,
Building 28
San Diego, CA 92123
(619) 205-1950
M-T: 8:00AM-8:00PM
W-F: 8:00AM-6:00PM
Sat: 8:00AM-1:00PM

Services / Servicios dentales:

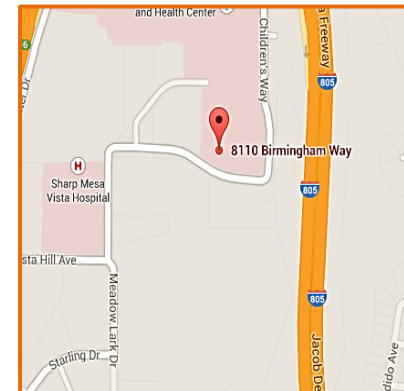
Children's dentistry / Para niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in North Coastal Region

Guía de las Clínicas Dentales de la Comunidad en la Región Costera Norte

For more information about Dental and Medical Insurance, please call **1-866-262-9881**
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North County Health Services Oceanside-Mission Mesa Dental



2216 El Camino Real,
Stes. 121-122
Oceanside, CA 92054
(760) 400-0277
M: 9:00AM-6:00PM
T-F: 8:00AM-5:00PM
Sat: 8:00AM-2:00PM

Services / Servicios dentales:

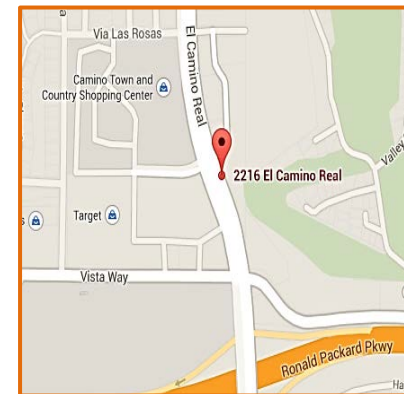
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Vista Community Clinic – Valle Terrace



1000 Vale Terrace
Vista, CA 92084
(760) 631-5000
M-Th: 8:30AM-7:00PM
F: 8:30AM-5:00PM
Sat: 9:00AM-3:00PM

Services / Servicios dentales:

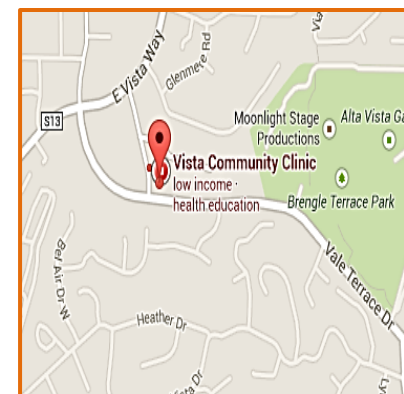
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in North Coastal Region

Guía de las Clínicas Dentales de la Comunidad en la Región Costera Norte

For more information about Dental and Medical Insurance, please call **1-800-675-2229**

*Para mayor información acerca de Seguros Dentales y Médicos, favor de marcar al **1-800-675-2229***



Call the San Diego County Dental Society at 619-275-0244 for referrals to private dental offices or call 2-1-1 for more information on community dental clinics throughout San Diego.

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Vista Community Clinic - North River



4700 North River Road
Oceanside, CA 92057
(760) 631-5000
M-F: 8:00AM-5:00PM
Sat: 9:00AM-2:00PM

Services / Servicios dentales:

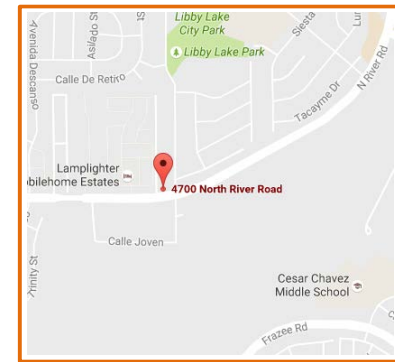
Adult and children's dentistry / *Para adultos y niños*

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / *Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.*

Languages Spoken / Idiomas:

English and Spanish / *Se habla inglés y español*



Vista Community Clinic - Grapevine



134 Grapevine Road
Vista, CA 92083
(760) 631-5000
M, W-F: 8:00AM-5:00PM
T: 10:30AM-7:30PM

Services / Servicios dentales:

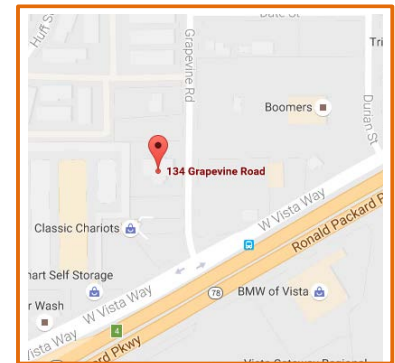
Adult and children's dentistry / *Para adultos y niños*

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / *Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.*

Languages Spoken / Idiomas:

English and Spanish / *Se habla inglés y español*



A Road Map to Community Dental Clinics in North Inland Region

Guía de las Clínicas Dentales de la Comunidad en la Región Interior Norte

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Fallbrook Family Health Center

1328 S Mission Rd.
 Fallbrook, CA 92028
 (760) 451-4730
 M-F: 8:00AM-5:30PM

Services / Servicios dentales:

Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Neighborhood Healthcare



Pauma Valley

16650 Hwy. 76
 Pauma Valley, CA 92061
 (760) 742-0672
 M-F: 8:00AM-5:30PM

Services / Servicios dentales:

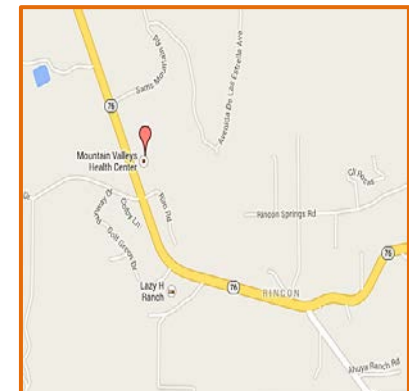
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in North Inland Region

Guía de las Clínicas Dentales de la Comunidad en la Región Interior Norte

Neighborhood Healthcare

Ray M. Dickinson Wellness Center



425 N Date St., Ste. 129
Escondido, CA 92025
(760) 520-8330
M & W: 8:00AM-7:00PM
T, Th, & F: 8:00AM-5:00PM
Sat: 8:00AM-2:00PM

Services / Servicios dentales:

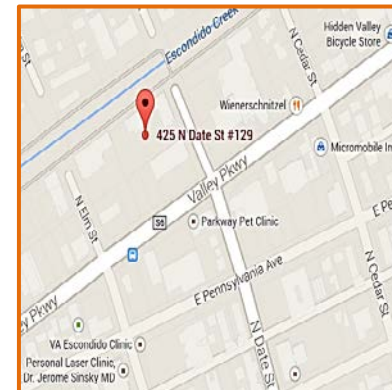
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



North County Health Services

Ramona Health Center



217 Earlham St.
Ramona, CA 92065
(760) 789-1223
M-F: 8:00AM-5:00PM

Services / Servicios dentales:

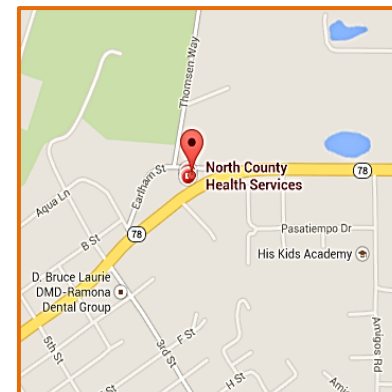
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



North County Health Services

San Marcos Health Center



150 Valpreda Rd.
San Marcos, CA 92069
(760) 736-6767
M: 8:00AM-5:00PM
Tu: 8:00AM-6:00PM
W-F: 8:00AM -5:00PM
Sat: 8:00AM-2:00PM

Services / Servicios dentales:

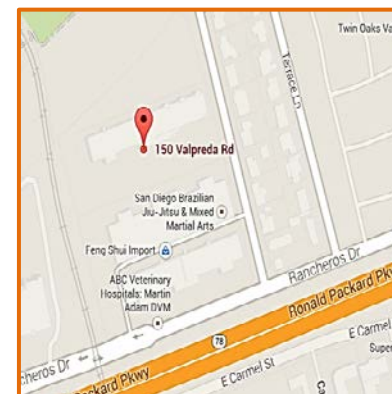
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Medi-Cal and CHDP. Adjusted fee scale also available. / Se acepta Medi-Cal y CHDP. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in North Inland Region

Guía de las Clínicas Dentales de la Comunidad en la Región Interior Norte



Borrego Community Health - Woolcott Dental Clinic



590 Palm Canyon Drive
Ste. 212
Borrego Springs, CA 92082
(760) 767-5112
M, T, Th: 8:00AM-1:00PM
W: 8:00AM-12:00PM

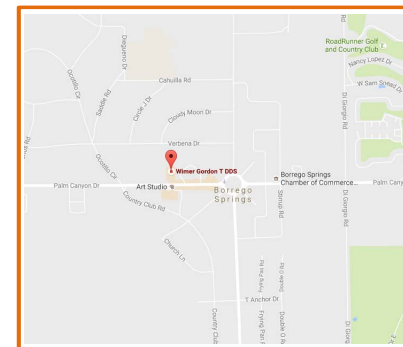
Services / Servicios dentales:

Adult and children's dentistry / Para adultos y niños Insurance / Seguro:

Medi-Cal, Dental PPO plans, other insurances accepted. Adjusted fee scale also available. / Se acepta Medi-Cal, planes Dental PPO, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



Indian Health Council - Rincon Clinic



50100 Golsh Road
Valley Center, CA 92082
(760) 749-1410
M-F: 8:00AM-6:30PM

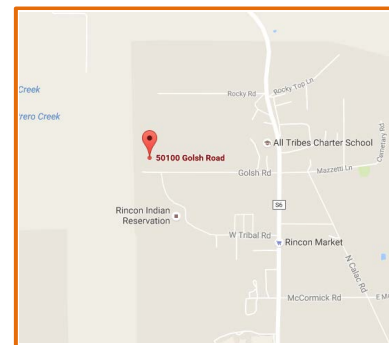
Services / Servicios dentales:

Adult and children's dentistry / Para adultos y niños Insurance / Seguro: Medi-Cal, Dental PPO plans, other insurances accepted. Adjusted fee scale also available. / Se acepta Medi-Cal, planes Dental PPO, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español

Eligibility: Proof of Indian or marriage certificate (if non-Indian Spouse); please call for complete list of required documentation. / Comprobante de patrimonio indio o certificado de matrimonio (si esposo/a no es indio); favor de llamar para obtener una lista completa de documentación requerida.



Indian Health Council - Santa Ysabel Clinic



110 1/2 School House Canyon Road
Valley Center, CA 92082
(760) 765-4203
M, W: 9:00AM-3:00PM

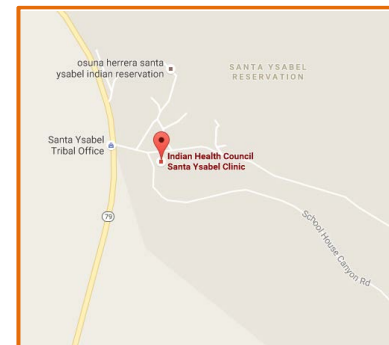
Services / Servicios dentales:

Adult and children's dentistry / Para adultos y niños Insurance / Seguro: Medi-Cal, Dental PPO plans, other insurances accepted. Adjusted fee scale also available. / Se acepta Medi-Cal, planes Dental PPO, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español

Eligibility: Proof of Indian or marriage certificate (if non-Indian Spouse); please call for complete list of required documentation. / Comprobante de patrimonio indio o certificado de matrimonio (si esposo/a no es indio); favor de llamar para obtener una lista completa de documentación requerida.



A Road Map to Community Dental Clinics in South Region

Guía de las Clínicas Dentales de la Comunidad en la Región Sur

For more information about Dental and Medical Insurance, please call **1-866-262-9881**
 Para mayor información acerca de Seguros Dentales y Médicos, favor de marcar al **1-866-262-9881**



Call the San Diego County Dental Society at 619-275-0244 for referrals to private dental offices or call 2-1-1 for more information on community dental clinics throughout San Diego.

Llama a la Sociedad Dental del Condado de San Diego al 619-275-0244 para referencias a oficinas privadas dentales o marque 2-1-1 para mayor información sobre las clínicas dentales de la comunidad a través del Condado de San Diego.

Operation Samahan Community Health Center



2835 Highland Ave., Ste. A
 National City, CA 91950
(619) 474-5567
 M-F: 9:00AM-5:00PM

Services / Servicios dentales:

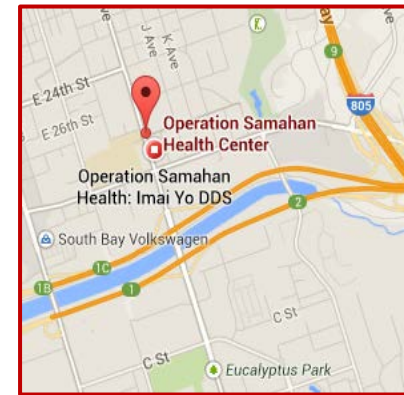
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, Delta Dental, and Access. Adjusted fee scale available. / Se acepta Denti-Cal, Delta Dental, y Access. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



San Ysidro Chula Vista Medical Plaza



678 Third Ave.
 Chula Vista, CA 91910
(619) 662-4100
 M-F: 8:00AM-5:00PM

Services / Servicios dentales:

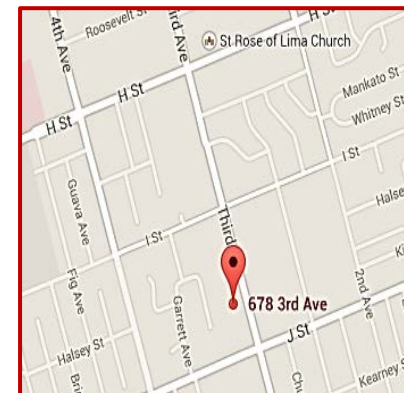
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



A Road Map to Community Dental Clinics in South Region

Guía de las Clínicas Dentales de la Comunidad en la Región Sur

La Maestra Community Health Centers - National City Dental Clinic



217 Highland Ave.
National City, CA 91950
(619) 434-7308
M-F: 8:30AM-5:30PM

Services / Servicios dentales:

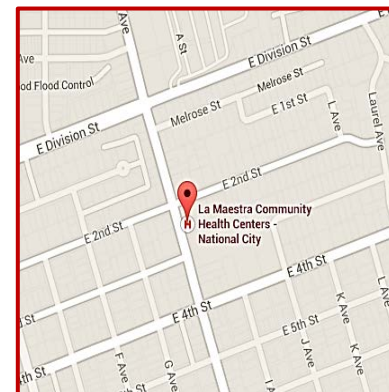
Adult and children's dentistry / Para adultos y niños

Insurance / Seguro:

Denti-Cal, CHDP, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



San Ysidro Maternal & Child Health Center



4050 Beyer Blvd.
San Ysidro, CA 92173
(619) 662-4100
M-F: 8:00AM-5:00PM

Services / Servicios dentales:

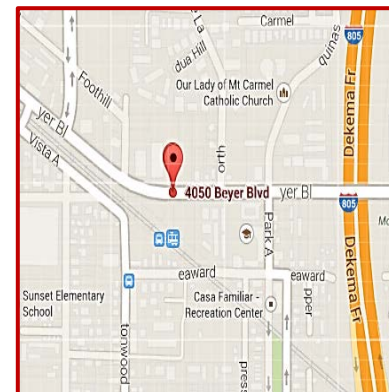
Children's dentistry / Para niños

Insurance / Seguro:

Denti-Cal, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español



San Ysidro Health Center



4004 Beyer Blvd.
San Ysidro, CA 92173
(619) 662-4100
M-F: 8:00AM-5:00PM

Services / Servicios dentales:

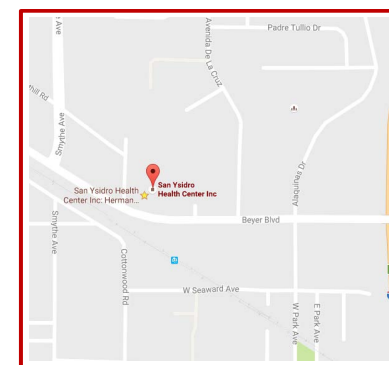
Adult dentistry / Para adultos

Insurance / Seguro:

Denti-Cal, Delta Dental, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, Delta Dental, y otros seguros. Se ofrecen cuotas ajustables.

Languages Spoken / Idiomas:

English and Spanish / Se habla inglés y español





ANNUAL GIVE KIDS A SMILE EVENT

Saturday, February 25, 2017

Photo Consent Form

I hereby give consent for the participating agencies/organizations of the San Diego County Annual "Give Kids A Smile" event on Saturday, February 25, 2017 to use the photograph(s) taken of my child(ren) and/or family. I am aware that these photographs may be used in all types of media, including, but not limited to: newsletters, publications, public service announcements, billboards, and on the websites of the participating agencies/organizations.

Children's Names (please print):

_____	_____
_____	_____
_____	_____

Parent/guardian Name (Print)

Signature

Date

Participating Agencies:



Clinic use only (Check site where photo taken):

- | | | | |
|-------------------------------|------------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> FHCS | <input type="checkbox"/> MTNHealth | <input type="checkbox"/> NCHS | <input type="checkbox"/> SYHC |
| <input type="checkbox"/> FFHC | <input type="checkbox"/> NHCare | <input type="checkbox"/> OperSam | <input type="checkbox"/> VCC |

Photo description: _____



ANUAL GIVE KIDS A SMILE EVENT

Sábado 25 de febrero de 2017

Formulario de consentimiento fotográfico

Doy mi consentimiento a las agencias / organizaciones participantes del evento Anual "Give Kids A Smile" del Condado de San Diego el sábado 25 de febrero de 2017 para usar la fotografía tomada de mi hijo (s) y / o familia. Soy consciente de que estas fotografías pueden ser usadas en todo tipo de medios, incluyendo, pero no limitado a: boletines, publicaciones, anuncios de servicio público, vallas publicitarias y en los sitios web de las agencias / organizaciones participantes.

Los nombres de los niños (por favor imprima):

Nombre del Padre / Guardián (Imprimir)

Firma

Fecha

Agencias Participantes:



Clinic use only (Check site where photo taken):

- | | | | |
|-------------------------------|------------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> FHCS | <input type="checkbox"/> MTNHealth | <input type="checkbox"/> NCHS | <input type="checkbox"/> SYHC |
| <input type="checkbox"/> FFHC | <input type="checkbox"/> NHCare | <input type="checkbox"/> OperSam | <input type="checkbox"/> VCC |

Photo description: _____

After the Event

H: Data

- ♦ List of Data Items to Collect
- ♦ Tracking Form

List of Data Items to Collect

A data form will be sent to you to be filled out (electronically or by hand). Listed below are all of the items and how to derive the totals. Data forms are due March 6, 2017.

The following items are collected from the appointment sheet.

Enter the total number of children who:

- Were scheduled to attend (number of appointments)
- Were scheduled but did not show
- Walked-in

The following items are collected from the dental sealant and fluoride varnish screening and treatment forms.

Enter the total number of children who:

- Were screened (count all forms blue and green)
- Received fluoride varnish (count all blue forms)
- Received dental sealants (count all green forms)
 - Total number of dental sealants placed (count “yes” answers circled per tooth on each form). This number is not per child and should reflect every sealant placed.
 - Total number of children who already had sealants (count “already sealed” answers circled.) This number is not per tooth.
- Had cavities
 - Categorize by age:
 - How many children 0-5 years (blue forms). Look at the “Screening Results” box in the middle of the page.
 - How many children 6 – 18years (green forms). Look for answers circled “decay”. Count the child if one or more teeth have decay.
- Had Dental Emergencies (Look for boxes marked on either form, “Urgent care needed”).
 - Categorize by age: How many 0-5 years (blue forms), How many 6 – 18years (green forms)
- Value
 - Varnish = Total number of children who received varnish x \$40.00
 - Sealants = Total number of sealants placed x \$60.00
 - Total value of both services

Dental Sealant and Fluoride Varnish
Saturday, February 25, 2017
Tracking Form

Instructions: Please provide the count for each field below. For any questions, please contact Nancy Starr at (858) 349-1373 or email nandmstarr@yahoo.com.

1. Name of Clinic: _____
2. Name of Person Completing Report: _____
3. Best Point of Contact: _____

Please enter the **total number** of children from the Sealant and Fluoride Varnish event who:

- | | |
|------------------------------------|--|
| 4. Were scheduled to attend: _____ | 5. Were scheduled but did <u>not</u> show: _____ |
| 6. Walked-in: _____ | 7. Were screened: _____ |
| 8. Received sealant(s) _____ | 9. Received fluoride varnish: _____ |
| a. Sealants placed: _____ | |
| b. Sealants already placed: _____ | |

Please enter the **total number** of children from the Sealant and Fluoride Varnish event who:

- | | | |
|--|------------------|-------------------|
| 10. Had Dental Emergencies Identified: | 0-5 years: _____ | 6-18 years: _____ |
| 11. Had Cavities | 0-5 years: _____ | 6-18 years: _____ |

Please enter the total value for:

- | | |
|-----------------------------|--------------------------|
| 12. Varnish: \$ _____ | 13. Sealants: \$ _____ |
| 14. Both Services: \$ _____ | |

Please fax this form with attention to Nancy Starr at (619) 692-8827
OR email to nandmstarr@yahoo.com

Thank you!

