Give Kids A Smile
Saturday, February 25, 2017

Training Manual

Developed by Dental Health Initiative/Share the Care
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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 prophy 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


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.

- **Patient Check-in**
- **Patient Waiting Room**
- **Sealants** *(Children 6-18 years old)*
  - **Child is eligible for sealants**
    - Visual screening and Sealants placed
    - Visual screening and Sealants placed
- **Child is NOT eligible for sealants**
  - Visual screening and Sealants placed
  - Visual screening and Sealants placed

- **Fluoride Varnish** *(Children 0-5 years old)*
  - Visual screening and fluoride varnish placed

*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.

- Parent/guardian is provided with a clipboard, pen and a Fluoride Varnish and Sealant Clinic Consent to Treat form. See Appendix F.
- One consent form must be filled out for each child.
- Completed forms are returned to a designated area.
- Consent form is stapled to the Fluoride Varnish Screening and Treatment form or the Dental Sealant Screening and Treatment form. Corresponding Thank You for Coming (exit forms) are also attached. See Appendix F.
- Paperwork is delivered to the appropriate area

- Families wait to be called.
- Provide oral hygiene instruction and education to parents and children.

Helpful Hint!

The waiting room is a perfect place to educate families. Include topics such as:

- What to expect when sealants are placed
- What is fluoride and why it is important
- How to brush and floss
- Healthful snacks
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.
− Family (with paperwork) is escorted to check-out.
− Exit form is filled out and given to parent/guardian for each child. Post instructions for sealants or fluoride varnish forms are also provided. See Appendix G.
− Parents/guardians should be informed that the services provided do not take the place of an annual, comprehensive exam performed by a dentist.
− Parents/guardians should be provided with information on:
  − How many sealants were placed
  − Reasons sealants were not placed
  − Fluoride varnish was placed or why it was not placed
  − Dental concerns (decay, abscess) and if the situation is urgent
  − Establishing a dental home
− Incentive items are given to children.

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

<table>
<thead>
<tr>
<th>Volunteer Role</th>
<th>Potential Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeter/check-in</td>
<td>♦ Greets all families. &lt;br&gt;♦ For detailed directions, see Appendix C. &lt;br&gt;♦ Provides and explains the Fluoride Varnish and Sealant Consent to Treat form to parent/guardian. See Appendix F. &lt;br&gt;♦ Direct parents where to return forms and where to wait.</td>
</tr>
<tr>
<td>Paperwork</td>
<td>♦ 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.</td>
</tr>
</tbody>
</table>

**Helpful Hint!**

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

<table>
<thead>
<tr>
<th>Volunteer Role</th>
<th>Potential Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead</strong></td>
<td>✧ Oversee flow. For detailed information, see Set Up for Fluoride Varnish pages 31 - 32.</td>
</tr>
<tr>
<td></td>
<td>✧ Greets families and receives paperwork from runner.</td>
</tr>
<tr>
<td></td>
<td>✧ Seat and dismiss patients with paperwork in available area with dental professional.</td>
</tr>
<tr>
<td></td>
<td>✧ Organizes paperwork for completed families.</td>
</tr>
<tr>
<td></td>
<td>✧ Instructs runner to escort family to check out.</td>
</tr>
<tr>
<td><strong>Recorder</strong></td>
<td>✧ Record results on appropriate forms. See Appendix F.</td>
</tr>
<tr>
<td>(1 per dental professional)</td>
<td>✧ Assist with resetting and replenishing supplies.</td>
</tr>
<tr>
<td><strong>Dental Professionals (DDS, RDH)</strong></td>
<td>✧ Review medical history and perform visual screening.</td>
</tr>
<tr>
<td></td>
<td>✧ Place fluoride varnish.</td>
</tr>
</tbody>
</table>
# Dental Sealants

<table>
<thead>
<tr>
<th>Volunteer Role</th>
<th>Potential Responsibilities</th>
</tr>
</thead>
</table>
| **Lead**       | ♦ 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**    | ♦ 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**      | ♦ Replenish chairs with supplies.  
♦ Help seat and dismiss patients as needed.  
♦ Assist with resetting chairs.  
♦ Help sterilize instruments. |
| **Sterilizer** | ♦ Continue to sterilize instruments throughout day.  
♦ Make new set-up bags as needed. |
| **Dental Professionals (DDS, RDH, those with certification to place sealants)** | ♦ Review medical history and perform visual screening.  
♦ Evaluate teeth for sealants.  
♦ Place sealants.  
♦ Fill our appropriate forms. See Appendix F. |
| **Chair-side Assistants** | ♦ Assist chair-side and clean/reset chairs.  
♦ Mark and process paperwork accordingly. |
## Patient Check Out

<table>
<thead>
<tr>
<th>Volunteer(s)</th>
<th>Potential Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeter/Check out</td>
<td>♦ 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.</td>
</tr>
<tr>
<td></td>
<td>♦ Provide appropriate post instructions forms for parent. See Appendix G.</td>
</tr>
<tr>
<td></td>
<td>♦ Educate parent/guardian on importance of regular, preventive dental care.</td>
</tr>
<tr>
<td></td>
<td>♦ Educate parent/guardian on dental care resources in the community and how to find a dental home. See Appendix G.</td>
</tr>
<tr>
<td></td>
<td>♦ Refer for further treatment when necessary.</td>
</tr>
<tr>
<td></td>
<td>♦ Provide incentive items to children (optional).</td>
</tr>
</tbody>
</table>

## Volunteer Area

<table>
<thead>
<tr>
<th>Number of Volunteer(s)</th>
<th>Potential Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeter/check-in</td>
<td>♦ Greet all volunteers.</td>
</tr>
<tr>
<td></td>
<td>♦ Assure all volunteers sign in. See Appendix E.</td>
</tr>
<tr>
<td></td>
<td>♦ Provide forms for volunteers to fill out. See Appendix E.</td>
</tr>
<tr>
<td></td>
<td>♦ Set out refreshments (breakfast, snacks, lunch).</td>
</tr>
</tbody>
</table>
### Other opportunities

<table>
<thead>
<tr>
<th>Number of Volunteer(s)</th>
<th>Potential Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Runners”</td>
<td>♦ Escort families from one area of the clinic to another</td>
</tr>
<tr>
<td></td>
<td>♦ Move paperwork from one area of the clinic to another prior to moving families</td>
</tr>
</tbody>
</table>
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 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 prophy 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.

<table>
<thead>
<tr>
<th>Volunteer Check in</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You provide:</strong></td>
</tr>
<tr>
<td>□ Table and chairs</td>
</tr>
<tr>
<td>□ Name tags</td>
</tr>
<tr>
<td>□ Pens</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Check in and Paperwork</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You Provide:</strong></td>
</tr>
<tr>
<td>□ Table and chair</td>
</tr>
<tr>
<td>□ Table cloth (optional)</td>
</tr>
<tr>
<td>□ Highlighter</td>
</tr>
<tr>
<td>□ Pens</td>
</tr>
<tr>
<td>□ Clip boards</td>
</tr>
<tr>
<td>□ Stapler and extra staples</td>
</tr>
<tr>
<td>□ Paper clips/binder clips</td>
</tr>
<tr>
<td>□ Tray or container to hold returned consent forms (optional)</td>
</tr>
</tbody>
</table>
## 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
<table>
<thead>
<tr>
<th>You Provide:</th>
<th>Provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fully operational dental chair</td>
<td>Disposable gowns</td>
</tr>
<tr>
<td>☐ Hand washing station</td>
<td>Masks</td>
</tr>
<tr>
<td>☐ Vacuum suction</td>
<td>Gloves</td>
</tr>
<tr>
<td>☐ Sterilizer</td>
<td>Disinfecting wipes</td>
</tr>
<tr>
<td>☐ Ultrasonic</td>
<td>Small cups</td>
</tr>
<tr>
<td>☐ Curing lights</td>
<td>Barriers</td>
</tr>
<tr>
<td>☐ Patient eye protection</td>
<td>Chair cover</td>
</tr>
<tr>
<td>☐ Hand pieces</td>
<td>Protective sleeves</td>
</tr>
<tr>
<td>☐ Pens</td>
<td>Tray covers</td>
</tr>
<tr>
<td>☐ Trash cans and bags</td>
<td>Patient bibs</td>
</tr>
<tr>
<td></td>
<td>Disposable bib clip</td>
</tr>
<tr>
<td></td>
<td>Gauze</td>
</tr>
<tr>
<td></td>
<td>Cotton rolls</td>
</tr>
<tr>
<td></td>
<td>Triangles</td>
</tr>
<tr>
<td></td>
<td>Air/water syringe</td>
</tr>
<tr>
<td></td>
<td>Suction tips</td>
</tr>
<tr>
<td></td>
<td>Saliva ejector</td>
</tr>
<tr>
<td></td>
<td>Prophy angle brush</td>
</tr>
<tr>
<td></td>
<td>Pumice</td>
</tr>
<tr>
<td></td>
<td>Etch and applicator</td>
</tr>
<tr>
<td></td>
<td>Sealant material and applicators</td>
</tr>
<tr>
<td></td>
<td>Zip lock bags for assembling supplies</td>
</tr>
<tr>
<td></td>
<td>Sterilization bags</td>
</tr>
<tr>
<td></td>
<td>Instrument set up (mirror, explorer, cotton pliers)</td>
</tr>
</tbody>
</table>
# 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@sdcdfs.org

County of San Diego, Health and Human Services Agency (HHSA)
Kym Hodge
619-542-4195
Kym.hodge@sdccounty.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.

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.

---

**Event funded by:**

**In collaboration with:**

---

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.

SELLADORES DENTALES Y BARNIZ DE FLUORURO GRATIS

¿Qué son los selladores dentales y barniz de flúoruro?

- 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 flúoruro que se pintado en todos los dientes.

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
Media Campaign Checklist

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

✓ Ask them to advertise the event by using the documents provided in the Media Kit.
  o Choose from articles, postcards, and flyers.
  o Any of these items can be distributed, posted, or added to websites.

✓ Ask volunteers to help.
  o 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.
  o 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](http://www.givekidsasmile.ada.org) or [www.sddhf.org](http://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.

Event funded by:

In collaboration with:
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.

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

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

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

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

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

Neighborhood Healthcare
425 N. Date Street
Escondido, CA 92025

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

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

Event funded by:
In collaboration with:
¿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.

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

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

North County Health Services
2216 El Camino Real,
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Santee Family Medicine
120 Town Center Parkway
Santee, CA 92071

Evento Financiado por:
En colaboración con:
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!
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?

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

C. Volunteers

- Sample Volunteer Schedule
- Check In Directions
- Paperwork Station Directions
- Check Out Directions
### Volunteer/Staff Schedule

**Saturday, February 25, 2017**

<table>
<thead>
<tr>
<th>Coordinators</th>
<th>Name of Staff/Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Check In</th>
<th>Name of Staff/Volunteers</th>
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<td>1.</td>
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<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>Dental Sealants Chairside</td>
<td>Name of Staff/Volunteers Placing Sealants (DDS, RDH, RDA with certificate)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chair 1</td>
<td>1.</td>
</tr>
<tr>
<td>Chair 2</td>
<td>2.</td>
</tr>
<tr>
<td>Chair 3</td>
<td>3.</td>
</tr>
<tr>
<td>Chair 4</td>
<td>4.</td>
</tr>
<tr>
<td>Chair 5</td>
<td>5.</td>
</tr>
<tr>
<td>Sterilization and Reset</td>
<td></td>
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<tr>
<td>Sterilization and Reset</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening/Fluoride Varnish</th>
<th>Name of Staff/Volunteers Screening</th>
<th>Name of Staff/Volunteers Recording and Resetting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>1.</td>
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<tr>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>Patient Check Out</td>
<td>Name of Staff/Volunteers</td>
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<tr>
<td>2.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Volunteers (Optional)</th>
<th>Name of Staff/Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Check in</td>
<td>1.</td>
</tr>
<tr>
<td>Runner</td>
<td>2.</td>
</tr>
<tr>
<td>Runner</td>
<td>3.</td>
</tr>
<tr>
<td>Paperwork</td>
<td>4.</td>
</tr>
<tr>
<td>Education</td>
<td>5.</td>
</tr>
<tr>
<td>Education</td>
<td>6.</td>
</tr>
</tbody>
</table>
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, 3of 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)

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Parent’s Name</th>
<th>Phone</th>
<th># in family</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lena Dejorna</td>
<td>6</td>
<td>Carla Jacob</td>
<td>(760)333-4444</td>
<td>1 of 1</td>
<td></td>
</tr>
<tr>
<td>Lydia Gomez</td>
<td>9</td>
<td>Tina Gomez</td>
<td>619-555-6666</td>
<td>1 of 1</td>
<td></td>
</tr>
<tr>
<td>Jacob Martin</td>
<td>11</td>
<td>Mary Martin</td>
<td>(760)777-8888</td>
<td>1 of 2</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Parent’s Name</th>
<th>Phone</th>
<th># in family</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerry Martin</td>
<td>3</td>
<td>Mary Martin</td>
<td>(760)777-8888</td>
<td>2 of 2</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Parent Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
The Event Day

E. Volunteer Forms

- Sample Volunteer Sign In
- Volunteer Emergency Contact Information
- Hepatitis B Vaccination Verification
Volunteer Sign in
Give Kids A Smile – February 25, 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>DDS, RDH, RDA, Student, etc</th>
<th>Time in</th>
<th>Time out</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
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 #: _____________

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
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 FLUORO
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:

<table>
<thead>
<tr>
<th>Tooth</th>
<th>Sealant placed:</th>
<th>If no, why: Circle all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>Existing Filling</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Already sealed</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td>Existing Filling</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Already sealed</td>
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<tr>
<td>3</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
<tr>
<td>14</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>14</td>
<td>No</td>
<td>Existing Filling</td>
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<tr>
<td>14</td>
<td></td>
<td>Already sealed</td>
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<tr>
<td>14</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
<tr>
<td>15</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>15</td>
<td>No</td>
<td>Existing Filling</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Already sealed</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
<tr>
<td>18</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>18</td>
<td>No</td>
<td>Existing Filling</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>Already sealed</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
<tr>
<td>19</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>19</td>
<td>No</td>
<td>Existing Filling</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>Already sealed</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
<tr>
<td>30</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>30</td>
<td>No</td>
<td>Existing Filling</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>Already sealed</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
<tr>
<td>31</td>
<td>Yes</td>
<td>Decay</td>
</tr>
<tr>
<td>31</td>
<td>No</td>
<td>Existing Filling</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>Already sealed</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>Not erupted (not visible)</td>
</tr>
</tbody>
</table>

☐ 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:

<table>
<thead>
<tr>
<th>Visual screening performed:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride varnish was placed:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

[ ] 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:

<table>
<thead>
<tr>
<th>Tooth</th>
<th>Sealant Placed:</th>
<th>Cavity (decay)</th>
<th>Existing filling</th>
<th>Already sealed</th>
<th>Not visible (Not erupted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>15</td>
<td>Yes</td>
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<tr>
<td>31</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

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!

Fluoride varnish was placed.
No sealants could be placed.

Child was unable to cooperate today.

Thank You for Coming!

Name_______________________________      Saturday, February 25, 2017

Treatment provided: If no sealant placed, why:

<table>
<thead>
<tr>
<th>Tooth</th>
<th>Sealant Placed:</th>
<th>Cavity (decay)</th>
<th>Existing filling</th>
<th>Already sealed</th>
<th>Not visible (Not erupted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
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<td>Yes</td>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Diente</th>
<th>Sellador Aplicado:</th>
<th>Caries</th>
<th>Amalgamas visibles</th>
<th>Sellados Previamente</th>
<th>Ausente</th>
<th>No eruptado</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Si</td>
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</tbody>
</table>

**Recomendación para el futuro:** Marcar 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!

---

Nombre_______________________________     Sabado, 25 Febrero, 2017

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

<table>
<thead>
<tr>
<th>Diente</th>
<th>Sellador Aplicado:</th>
<th>Caries</th>
<th>Amalgamas visibles</th>
<th>Sellados Previamente</th>
<th>Ausente</th>
<th>No eruptado</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Si</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recomendación para el futuro:** Marcar 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!
Thank You for Coming!

Name_____________________________________     Saturday, February 25, 2017

Treatment provided:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual screening performed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride varnish was placed:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] Child was unable to cooperate today.

Screening Results: Circle all that apply

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No obvious problem</td>
<td>Visible decay</td>
</tr>
<tr>
<td>Fillings present</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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<td>Visual screening performed:</td>
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<td></td>
</tr>
<tr>
<td>Fluoride varnish was placed:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] Child was unable to cooperate today.

Screening Results: Circle all that apply

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>No obvious problem</td>
<td>Visible decay</td>
</tr>
<tr>
<td>Fillings present</td>
<td></td>
</tr>
</tbody>
</table>

Future Recommendation: Mark 1 box

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

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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!
Nombre_______________________________     Sabado, 25 Febrero, 2017

<table>
<thead>
<tr>
<th>Tratamiento recibido:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Examen Visible fue recibido:</td>
<td>Si</td>
<td>No</td>
</tr>
<tr>
<td>Fluoruro con Varniz fue aplicado:</td>
<td>Si</td>
<td>No</td>
</tr>
</tbody>
</table>

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 serían beneficiadas por una evaluación más 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!
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)

<table>
<thead>
<tr>
<th>Child's First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child's birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Apt.:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>ZIP code:</td>
<td></td>
</tr>
<tr>
<td>School Name:</td>
<td>Teacher:</td>
<td>Grade:</td>
<td>Child's Sex:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child's race/ethnicity:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ White □ Black/African American □ Hispanic/Latino □ Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Native American □ Multi-racial □ Other □ Native Hawaiian/Pacific Islander □ Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

**Licensed Dental Professional Signature**

**CA License Number**

**Date**

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.
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)

<table>
<thead>
<tr>
<th>Primer nombre del niño/a:</th>
<th>Apeellido del niño/a:</th>
<th>Inicial del Segundo nombre:</th>
<th>Fecha de nacimiento del niño/a:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domicilio:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuidad:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nombre de la escuela:</td>
<td>Maestro/a:</td>
<td>Grado:</td>
<td>Sexo del niño/a:</td>
</tr>
<tr>
<td>Nombre del padre/la madre/el tutor:</td>
<td>Raza u origen étnico (___):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Blanco □ Negro/Africano □ Hispano/Latino □ Asiático</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Nativo de Hawai o Islas de Pacífico □ Multiracial □ Americano Nativo</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Unknown □ Desconocido □ Otro (especificar)___________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Fecha de la evaluación / Assessment Date:</th>
<th>Incidencia de caries (caries visibles y empastes presentes) / Caries Experience (Visible decay and/or fillings present):</th>
<th>Caries visibles presentes / Visible decay present:</th>
<th>Urgencia de tratamiento:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Sí/Yes □ No/No</td>
<td>□ Sí/Yes □ No/No</td>
<td>□ Ningún problema obvio / No obvious problem found</td>
</tr>
<tr>
<td></td>
<td>□ Se recomienda atención dental temprana (caries sin dolor o infección; o el niño/a de beneficiará del sellador dental o de una evaluación adicional) / Early dental care recommended (Caries without pain or infection, or child would benefit from sealants or further evaluation)</td>
<td></td>
<td>□ Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) / Urgent care needed (pain, infection, swelling, or soft tissue lesions).</td>
</tr>
</tbody>
</table>

Licensed Dental Professional Signature / Firma del profesional dental matriculado

CA License Number

Date

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)

☐ 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:
   □ Medi-Cal/Denti-Cal
   □ Otro: _____________________________  □ Ninguna

☐ No puedo pagar el chequeo dental de mi hijo/a.

☐ No quiero que a mi hijo/a se le haga un chequeo dental.

☐ 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:

Firma del padre/la madre/el tutor

Fecha

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 más información, por favor llame (619) 692-8808

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!
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 clínica 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!
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 clínica 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.
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Gracias por haber participado en esta clínica 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

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.

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

Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
<table>
<thead>
<tr>
<th>Services / Servicios dentales:</th>
<th>Adult and children’s dentistry / Para adultos y niños</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance / Seguro:</td>
<td>Denti-Cal, CHDP, and other insurances accepted. Adjusted fee scale also available. / Se acepta Denti-Cal, CHDP, y otros seguros. Se ofrecen cuotas ajustables.</td>
</tr>
<tr>
<td>Languages Spoken / Idiomas:</td>
<td>English and Spanish / Se habla inglés y español</td>
</tr>
</tbody>
</table>

### City Heights Dental Clinic
**Family Health Center**

5454 El Cajon Blvd.
San Diego, CA 92115
(619) 515-2442

M-F: 8:15AM-5:00PM

### Diamond Neighborhoods
**Family Health Center**

4725 Market St.
San Diego, CA 92102
(619) 515-2420

M-F: 8:30AM-5:30PM

### Elm Street
**Family Health Center**

140 Elm St.
San Diego, CA 92101
(619) 515-2543

T & Th: 8:00AM-5:00PM

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Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
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 inglés 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 inglés 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

Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
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
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.

**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:

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

Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
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

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.

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<thead>
<tr>
<th>Clinic Name</th>
<th>Address</th>
<th>Phone</th>
<th>Hours</th>
<th>Services</th>
<th>Insurance</th>
<th>Languages</th>
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</thead>
<tbody>
<tr>
<td>Mira Mesa Clinic</td>
<td>10737 Camino Ruiz, Ste. 235, San Diego, CA 92126</td>
<td>(858) 578-4220</td>
<td>M-F: 8:30AM-5:00PM</td>
<td>Adult and children’s dentistry</td>
<td>Medi-Cal and CHDP. Adjusted fee scale also available.</td>
<td>English and Spanish</td>
</tr>
<tr>
<td>San Ysidro Children’s Dental Center</td>
<td>8110 Birmingham Way, Building 28, San Diego, CA 92123</td>
<td>(619) 205-1950</td>
<td>M-T: 8:00AM-8:00PM, W-F: 8:00AM-6:00PM, Sat: 8:00AM-1:00PM</td>
<td>Children’s dentistry</td>
<td>Medi-Cal and CHDP. Adjusted fee scale also available.</td>
<td>English and Spanish</td>
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</tbody>
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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
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.

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

Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
A Road Map to Community Dental Clinics in North Coastal Region

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<tr>
<th>Vista Community Clinic - North River</th>
<th>Vista Community Clinic - Grapevine</th>
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<td><strong>Services / Servicios dentales:</strong></td>
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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.

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.

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

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

Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
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.

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

Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
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:

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

Provided by the San Diego Dental Health Coalition, September 2016 / Proporcionado por la Coalición Dental de la Salud de San Diego, Septiembre 2016
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:

- San Diego Dental Health Foundation
- First 5 San Diego
- UC San Diego
- Family Health Centers of San Diego
- Mountain Health Cares
- Neighborhood Healthcare
- North County Health Services
- Operation Samahan
- San Ysidro Health Center
- Vista Community Clinic

Clinic use only (Check site where photo taken):

☐ FHCSD        ☐ MTNHealth        ☐ NCHS        ☐ SYHC
☐ FFHC        ☐ NHCare        ☐ OperSam        ☐ VCC

Photo description: ______________________________________________________________________
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):

☐ FHCSD  ☐ MTNHealth  ☐ NCHS  ☐ SYHC

☐ FFHC  ☐ NHCare  ☐ OperSam  ☐ 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 – 18 years (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 – 18 years (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 not show: ________


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:


14. Both Services: $__________

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

Thank you!