

How do you know if your children are ready for school? **Check their smiles.**

All Iowa children enrolling for the first time in **Kindergarten** or **9th grade** must have a dental screening. *It's required!*

Screening Rules



Kindergarten Students

- Screening must occur no earlier than age 3 and no later than 4 months after enrollment
- Screenings can be performed by: dentists, dental hygienists, physicians, registered nurses, or physician assistants

9th Grade Students

- Screening must occur no earlier than 1 year before enrollment and no later than 4 months after enrollment
- Screenings can only be performed by: dentists or dental hygienists

- Get an official Certificate of Dental Screening form from your school nurse or local I-Smile™ Coordinator.
- Make an appointment for your child to get a dental screening.
- Return the completed form to the school.

Need help getting a dental screening? Your local I-Smile™ Coordinator can assist you!

Call **1-866-528-4020** for contact information or visit:

www.idph.state.ia.us/webmap/default.asp?map=ismile

You can also find forms and additional information on the dental screening requirement at:

<http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Screenings>



¿Cómo sabe si sus hijos están listos para la escuela? **Examine sus sonrisas.**

Todos los niños de Iowa que se inscriben por primera vez en **el jardín de infancia** o en **el 9° curso** deben hacerse un examen dental. ¡Es obligatorio!

Reglas para el examen



Alumnos del jardín de infancia

- El examen no debe hacerse antes de los 3 años de edad ni pasados 4 meses después de la inscripción
- Los exámenes los pueden hacer: dentistas, higienistas dentales, médicos, enfermeras tituladas o médicos asistentes

Alumnos del 9° curso

- El examen no debe hacerse antes de 1 año antes de la inscripción ni pasados 4 meses después de la inscripción
- Los exámenes sólo los pueden hacer: dentistas o higienistas dentales

- Solicite un formulario para el certificado oficial de examen dental (Certificate of Dental Screening form) a la enfermera de la escuela o a su Coordinador local de I-Smile™.
- Haga una cita para que su hijo reciba el examen dental.
- Entregue el formulario completado a la escuela.

¿Necesita ayuda para programar un examen dental? ¡Su Coordinador local de I-Smile™ puede ayudarle! Llame al **1-866-528-4020** para obtener información de contacto o visite: www.idph.state.ia.us/webmap/default.asp?map=ismile

También puede encontrar formularios e información adicional sobre el examen dental en: <http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Screenings>





Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

**This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- No Obvious Problems** – the child’s hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

DDS/DMD RDH MD/DO PA RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.