



**TO: Teachers, School Nurse, FRYSC, Staff**

The Northern Kentucky Health Department's **Dental Prevention Program** is scheduled to be at Elementary starting on November 26th to provide dental services to **grades**  
**DEADLINE FOR FORMS TO BE TURNED IN IS October 10th.**

**WHAT DENTAL SERVICES ARE AVAILABLE?**

Pre K: Dental assessment, fluoride varnish, and Dental Screening Form

Kindergarten: Dental assessment, fluoride varnish, dental cleaning and Dental Screening form.

All other grades: Dental assessment, fluoride varnish, dental cleaning, and dental sealants as needed

**HOW DO THE CHILDREN LEARN ABOUT THE DENTAL SERVICES?**

Our dental hygienist does a presentation approximately 2-4 weeks before our visit for the 2<sup>nd</sup> grade students. She shows a five-minute video, which describes why sealants are used and how they are applied. The teachers of students in the other grades are asked to show the DVD or video on flash drive for their students.

**HOW WILL THIS AFFECT MY CLASS?**

**Classroom participation in oral health education is a critical component of the Dental Prevention Program. A tooth model, relevant handouts and a curriculum, DVDs and books courtesy of the NKHD are available from your school nurse or FRYSC and should be used for classroom instruction to augment the actual sealant placements.** While the program is in your school, participating children will be taken from class first for approximately 15-20 minutes each.

**DOES THE PROCESS HURT?**

The dental processes are painless and require no shots. Students should not experience discomfort when they return to class, although the first day they may feel as though they are biting on something.

**WHAT DOES IT COST?**

There is no cost to those who are covered by Medicaid. The costs for those with no dental coverage will be determined by family size and income. **Sliding fees and grant money for non Medicaid and privately insured students allows the cost to be from \$0 to a max of \$10 per service.** We do not file private insurance but are happy to see those children under the previous conditions. Please see the cover letter attached to the consent form for complete fee listings.

**WHAT IS EXPECTED OF TEACHERS AND HEALTH STAFF?**

**Your assistance in getting consent forms returned from every child in your class is critical to our ability to prevent a lifetime of dental disease. Please remind students frequently to return the forms, and check to see that the form is completed. Promotion of the program on the school's website, calendars, facebook and twitter pages, and all calls are an expectation of the school's participation in this program.** Health staff will be given a folder that will enable you to make more copies if needed, or call Linda at the number below. A \$25 gift card is given to a class that returns 100% of the forms with at least 50% of them "yes". Those teachers' names are then eligible for a gift basket at year's end.

If you have any questions or recommendations about this program, you may call Linda Poynter, Oral Health Program Manager at 859-363-2035, email [linda.poynter@nkyhealth.org](mailto:linda.poynter@nkyhealth.org), or ask the dental hygienist on site.

Thank you for your continuing support of this program.