



**TO: Preschool, Head Start and Kindergarten teachers and staff**

The **Northern Kentucky Health Department's Fluoride Varnish, Cleanings and Kindergarten Screening Program** is scheduled to be at your school this year.

#### **WHO RECEIVES OUR PREVENTIVE DENTAL SERVICES?**

All students are eligible. Because of limited funds, this program targets schools in which at least 50% of the children are eligible for subsidized meals. These children are at highest risk for untreated dental disease. **Children entering or enrolled in Kindergarten will receive the Kentucky Dental Screening mandatory for school entrance.**

#### **HOW DO THE CHILDREN LEARN ABOUT OUR VISIT?**

We ask that the teachers explain to the students prior to our visit that we will be coming to look at their teeth, and that we will brush them with special toothpaste to make them strong. A tooth model, teaching materials, DVDs, and books will be supplied to your school courtesy of the NKHD and the United Way. These are available from your teacher or site manager and should be used for classroom instruction to augment our visit.

#### **HOW WILL THIS AFFECT MY CLASS?**

The Fluoride Varnish Program is very quick and easy. Each child can be seen in less than 5 minutes by our licensed public health dental hygienist, with little disruption to your class. We often set up very close to, if not actually in, your classroom. All we need is a rectangular table, 2 chairs, and a trashcan.

#### **DOES THE PROCESS HURT?**

The procedure is painless; we look at the teeth with a mirror, and paint the fluoride varnish on the teeth. They then spit it out in a trashcan. Students will not experience any discomfort. Students will also receive a dental cleaning if needed.

#### **WHAT IF DENTAL PROBLEMS ARE FOUND?**

A letter will be taken home with them to inform the parent of what was done and if any problems were seen. They will be referred to a dentist of their choice, and we can help them find a dentist if needed. Follow ups are done by our staff and your school family advocates/managers to ensure that dental problems are resolved.

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

**Your assistance in getting consent forms returned from every child in your class (whether it is a "yes" or "no" consent) 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.**

#### **WHAT DOES IT COST?**

All services are provided at no charge to families if the child has not had preventive dental services within the last 6 months. **If the child is enrolled in Medicaid, we must bill Medicaid for the dental services. A current Medicaid number must be included on the consent form.**

We do not file private insurance but are happy to see those children under the previous conditions.

If you have any questions or recommendations about this program, you may call the Oral Health Program Manager at 859-363-2035, by email at [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.